ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration (DES/FAA)
Arizona Health Care Cost Containment System (AHCCCS)

APPLICATION SIGNATURE PAGES

DECLARATIONS FOR MEDICAL ASSISTANCE, NUTRITION ASSISTANCE AND CASH ASSISTANCE

See pages 56-61 for USDA/ EOE/ADA disclosures

Please read the following before you sign your application:

- What is expected of me?
- What are my rights?
- What are the rules and penalties?
- Assignment of Rights to Other Benefits

What is expected of me?

For all programs:

- You must provide DES and/or AHCCCS with the needed information to

correctly determine your eligibility and authorize DES and/or AHCCCS to investigate and contact any sources necessary to confirm the accuracy of the information for your eligibility.

- **If you are approved for benefits, you will get a letter telling you what changes you must report. You MUST report your changes timely and give us proof of the changes.**

Program-specific expectations:

- **If applying for help with AHCCCS Medical Assistance, help with Medicare costs, and/or Cash Assistance, you must take necessary steps to obtain any annuities, pensions, retirement, and disability benefits to which you may be entitled, including, but not limited to, Social Security benefits, Railroad retirement, Veterans benefits**

and unemployment compensation.

- **For AHCCCS Medical Assistance and/ or Cash Assistance, you must give us any information you have about an absent parent. If you have reason for not providing this information (such as adoption pending, abuse, incest, neglect, etc.) you may claim good cause. You must cooperate with the Division of Child**

Support Services (DCSS) to establish paternity, unless you can prove good cause.

- **For Nutrition Assistance and / or Cash Assistance you must tell us and provide proof to receive deductions for the following expenses: court ordered medical child support paid, child/ adult dependent care expenses, medical expenses, transportation costs**

to and from the provider of medical care or daily care of a child/adult dependent, rent or mortgage payments, utility, or other shelter costs.

What are my rights?

You have the RIGHT to:

- **Courteous and professional treatment.**
- **Be treated fairly and equally regardless of race, color, religion, national origin, sex, age, disability, or**

political beliefs.

- **Apply for benefits and be given a letter that tells you if you are eligible or not, and/or get a letter before your benefits are reduced or stopped.**
- **Review DES and AHCCCS policy manuals that show the rules and regulations of AHCCCS Medical Assistance, Medicare Savings Program, Nutrition Assistance, Cash Assistance, and Tuberculosis Control**

if you want to know the reason for our decision.

- **Talk about your case with a worker or supervisor.**
- **Have all information you give regarding your eligibility kept private according to state and federal law.**
- **Ask for an appeal if you disagree with your application being denied, your benefits ended, or are being reduced, or if a**

decision is not made on your application within the allowable number of days and the delay is due to DES or AHCCCS.

- **Look at your file before an appeal.**
- **Bring an attorney or any other person to an appeal.**
- **File for Nutrition Assistance benefits separately or at the same time you apply for other programs listed on the application. All**

Nutrition Assistance applications, regardless of whether they are joint applications or separate applications, must be processed for Nutrition Assistance purposes in accordance with procedural, timeliness, notice and an appeal requirements. No household shall have its Nutrition Assistance benefits denied solely on the basis that

another program applied for has been denied. A separate determination for Nutrition Assistance must be completed. When another program that is applied for is denied, a new application for Nutrition Assistance shall not be required. Eligibility shall be determined based on Nutrition Assistance processing time frames from the date the joint application

was initially accepted by the State agency.

To file a discrimination complaint, contact:

U.S. Department of Health and Human Services,
Office for Civil Rights
200 Independence Avenue, S.W.
Room 509F, HHH Building
Washington, DC 20201

Voice Phone: (202) 368-1019

Fax: (202) 619-3818

TTY: (800) 537-7697
Toll-free: (800) 368-1019

Form: https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

Email: OCRComplaint@hhs.gov

Form: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf

Food and Nutrition Service
1320 Braddock Place, Room 334
Alexandria, VA 22314

Fax: (833) 256-1665 or (202) 690-7442

E-mail: FNSCIVILRIGHTS COMPLAINTS@usda.gov

For help filling out the form, call:

(833) 620-1071 (Toll-free Customer Service)

(800) 877-8339 (Relay voice users)

What are the rules and penalties?

If you, your representative, or any household member hides information or gives false information on purpose to get or continue benefits that you are not entitled to, that person will be subject to:

- Criminal Prosecution
- Fines
- Imprisonment
- Other penalties provided for by state and federal laws

If you get Nutrition Assistance and/or Cash Assistance, you must follow the rules below:

- **For Cash Assistance, it is mandatory for you to cooperate with a fraud investigation. Failure to cooperate may result in case closure and the termination of benefits within ten (10) days from the agency's notice of termination.**
- **Do not make false statements or hide**

information. If you are not truthful, you may have to pay back DES for benefits you receive and you may be taken to court.

- **Do not do anything dishonest to get benefits that you are not supposed to get.**
- **Do not buy, sell, trade, exchange or otherwise transfer your or someone else's Nutrition Assistance benefits or EBT card.**
- **Do not buy containers with deposits for**

the purpose of discarding the product and returning the containers to get cash refund deposits.

- **Do not sell products bought with Nutrition Assistance benefits to exchange them for cash or items other than eligible food.**
- **Do not buy products originally bought with Nutrition Assistance benefits to exchange them for cash or items other than eligible food.**

- **Do not steal Nutrition Assistance or Cash Assistance benefits.**
- **Do not use your Nutrition Assistance benefits to buy non-food items such as alcohol and tobacco.**
- **Do not alter an EBT card.**
- **Do not use someone else's EBT card unless you are an authorized user approved by DES.**

You or a household member will not be eligible to get Nutrition

Assistance and/or Cash Assistance benefits if you or the household member:

- **Is a fleeing felon or probation/parole violator.**
- **Has been convicted or found guilty in a court of law of using or getting Nutrition Assistance benefits in a transaction involving the sale of firearms, ammunition, or explosives. This person can never get Nutrition Assistance**

benefits again.

- **Has been found guilty of using or getting Nutrition Assistance benefits in a transaction involving the sale of a controlled substance. This person is not eligible to get Nutrition Assistance benefits for 2 years for the first violation and permanently for the second violation.**
- **Cash Assistance benefits will be sanctioned 50% for**

the first occurrence and 100% for the second occurrence if any adult has voluntarily quit a job without good cause or has sold, possessed, or used a controlled substance in violation of ARS Title 13. See End for the CA Drug Conviction Sanction.

- **Knowingly breaks the rules to get Cash Assistance benefits. We will disqualify you from getting Cash Assistance**

benefits for 6 months for the first offense, 12 months for the second offense and permanently for all other offenses.

- **Knowingly breaks the rules to get Nutrition Assistance benefits. We will disqualify you from getting Nutrition Assistance benefits for 12 months for the first offense, 24 months for the second offense and permanently for the third offense. In**

addition, you can be fined up to $250,000, imprisoned up to 20 years or both. You and/or your household members may be subject to further prosecution under Federal laws and an additional disqualification, of up to 18 months, may be ordered by a court.

- **Has committed and was convicted of a federal or state felony on or after August 23, 1996 for**

the possession, use or distribution of a controlled substance. See Nutrition Assistance Drug Conviction Exception below.

- **Has been found by a court of law to give false identification or residence information in order to get benefits in more than one case. This person is not eligible to get benefits for 10 years.**
- **If a court of law finds you guilty of having**

trafficked benefits for an aggregate amount of $500 or more, you will be permanently ineligible to participate in the Program upon the first occasion of such violation.

- **State agencies must use the Systematic Alien Verification and Eligibility (SAVE) system. The alien status of persons requesting benefits may be subject to verification by**

USCIS through the submission of information from the application to USCIS, and that the submitted information received from USCIS may affect the household's eligibility and level of benefits.

- **For Cash Assistance if you refuse to sign and comply with the Personal Responsibility Agreement (PRA). We give you the PRA during the interview**

process.

- **Is an adult recipient (18 years or older) of Cash Assistance when any of the following apply:**
  - **The recipient does not return the completed Illegal Drug Use Statement. We send the Illegal Drug Use Statement by U.S. Mail after Cash Assistance has been approved.**
  - **The recipient fails to take a required drug test.**

- **The recipient fails the drug test.**

- **Nutrition Assistance Drug Conviction Exception:**
  A person who is convicted of a felony offense which has as an element of "the use or possession of a controlled substance," may be eligible for Nutrition Assistance if the person agrees to random drug testing and meets at least one of the following:

- **Is currently accepted for treatment in a substance abuse treatment program but is on a waiting list. The person remains enrolled in the treatment program and enters the treatment program at the first available opportunity.**
- **Is currently accepted for treatment and is participating in a**

substance abuse treatment program.

- **Has successfully completed a substance abuse treatment program after the offense in question.**
- **Is determined by a licensed medical provider to not need substance abuse treatment.**
- **If on probation for a felony drug conviction, is in compliance with the terms of probation,**

or has successfully completed probation.

You must pay DES back for any Nutrition Assistance and/or Cash Assistance benefits you received for which your household was not eligible. You can make a repayment agreement. If you do not keep your repayment agreement, we may reduce your Nutrition Assistance and/or Cash Assistance benefits, take your

income tax refunds, or take other legal action, including taking the amounts from your earnings.

End for the CA Drug Conviction Sanction

The person who is convicted August 9, 2017 or later, can end the sanction when they agree to random drug testing and meet at least one of the following criteria:

- **Successfully completes, or is**

accepted into, a substance abuse treatment program. The person also meets this criteria if they are either of the following:

- **Currently accepted for treatment in a substance abuse treatment program but is on a waiting list. The person remains enrolled in the treatment program and enters the treatment program at the first available**

opportunity.

- **Currently accepted for treatment and is participating in a substance abuse treatment program.**

- **Is determined by licensed medical provider to not need substance abuse treatment.**
- **If applicable, is in compliance with all terms of probation related to the conviction they were sanctioned for.**

The person convicted of the felony drug conviction will be permanently disqualified. The remaining budgetary unit member's benefits may be restored the following month after the sanction is ended.

End for CA Voluntary Quit Sanction

Customer's benefits will be returned to the previous benefit level for the following month after the minimum one month sanction has been

imposed.

PENALTY WARNING

The information provided may be verified by federal, state, and local officials. If any information is inaccurate, you may be denied benefits.

You must not knowingly withhold or give false information with the intent to receive or to continue receiving DES and/or AHCCCS benefits to which you are not entitled.

You will be required to pay back to DES and/ or AHCCCS any benefits you receive as a result of withholding or giving false information and you will be subject to criminal prosecution.

It is fraud for any person to knowingly withhold information with the intent to receive or continue to receive benefits to which he/she is not eligible. Any person found guilty of fraud

may be subject to fines, criminal prosecution, imprisonment, or other penalties as provided for by applicable State and Federal laws.

Assignment of Rights to Other Benefits:

For AHCCCS Medical Assistance:

I understand that if I am or members of my household are approved for Medical Assistance, AHCCCS can collect payment from any other parties who may be

responsible for paying for my/our health costs.

This includes:

- **Private or employer-sponsored health insurance (not including Medicare)**
- **Persons, such as an absent spouse or parent, who are legally responsible for providing medical support**
- **Private or employer-sponsored disability insurance**
- **Private or employer-**

sponsored accident insurance

- **Insurance claims, jury awards, or legal settlements resulting from injuries**

I understand that AHCCCS cannot collect more than the costs paid by AHCCCS. I also understand that I must give information about other responsible parties and take any action needed to receive medical support. This includes establishing

paternity of my children, unless I can prove good cause not to do so.

I understand that DES and/or AHCCCS and/ or their contractors will release information to DES/Division of Child Support Services (DCSS) for a parent who does not live in the home and whose child has AHCCCS or private health insurance. DCSS may use this information to get a medical support order.

For Cash Assistance:

State and federal law (A.R.S. 46-407) provide that the legal rights to child support and spousal maintenance must be assigned to the State of Arizona for all persons receiving Cash Assistance. I understand:

- **While receiving Cash Assistance, the State has the right to keep child support or spousal maintenance collections, including support or spousal maintenance that**

was owed while Cash Assistance was paid.

- **When Cash Assistance stops, current support payments will be paid to me. The state may continue to collect any assigned back payments for support (assigned arrears) owed before and during the time I received Cash Assistance.**
- **Child support payments will be used to pay back the state for Cash Assistance**

paid to me or anyone on my application.

- **The State will not keep more from my collected current support or assigned arrears than the total amount of Cash Assistance I received.**
- **The State will not keep any arrears that are more than the total amount of Cash Assistance I received.**

Release of Information

I authorize DES and/or AHCCCS to investigate

and contact any sources necessary to establish eligibility and the accuracy of financial information that pertains to eligibility.

Statement of Truth

By signing this application:

- **I agree I have read and understand the rules and penalties. I have read and understand my rights and what is expected of me and provided Social Security**

numbers for each applicant who has a Social Security number.

- **I agree I have read and understand the assignment of rights to other benefits for Medical Care above.**
- **I agree I have read and understand the assignment of support rights for Cash Assistance above.**
- **I agree that certain Nutrition Assistance and/or Cash**

Assistance household members will cooperate with the work programs, which includes looking for work and accepting training and/or a job. If anyone does not, or will not, look for work, attend training, or accept a job, my benefits may be reduced or stopped.

- **I agree to cooperate with Arizona or Federal personnel in the completion of a quality control review**

on my eligibility for benefits.

- **In the event DES or its agents engage in child support enforcement activities involving me, I understand the Assistant Attorneys General and Deputy County Attorneys handling the cases represent DES, and not me or my children.**
- **If my child support case goes to court, I understand certain personal information**

contained in this application or my DES records may be released to the court and other parties to the case and becomes a public record document.

- **I also hereby agree to accept service of process by first class mail with regard to any paternity or child support proceeding initiated by DES and its agents.**
- **I understand that my records will be kept**

confidential and will only be released for purposes authorized by federal and state law.

- **I understand that I may be required to pay a premium if enrolled in the KidsCare or Freedom to Work program.**

I affirm under penalty of perjury that the statements and documents provided about myself and persons in my

home, that relates to my eligibility for benefits, including any information regarding citizenship and/or alien status, is true and correct to the best of my knowledge, and that I have not withheld any information. I affirm under penalty of perjury that any photocopied information I have provided are the same as the original documents. For Nutrition Assistance and Cash Assistance, I also affirm

under the penalty of perjury that the statements regarding felony convictions and compliance with probation/parole are true and correct.

Signature

Important! Only the applicant or the applicant's authorized representative can sign this application.

Applicant 1: _____

Date: _____

Applicant 2: _____

Date: _____

Witness *(if applicable signed with a mark)*:

_____

Date: _____

Customer Legal Name:

_____

Health-e-Arizona PLUS Application ID:

_____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through

the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The

letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
   Food and Nutrition

**Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or**

2. **fax: (833) 256-1665 or (202) 690-7442; or**
3. **email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov**

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/ TDD Services: 7-1-1. ● Disponible en español en línea o en la oficina local.