

TREATMENT CENTER CHANGE REPORT

Center's Name: _____ Center's Phone No.: _____ Date of Report: _____

Center's Address: _____

Authorized Representative's Name: _____ Signature: _____

PARTICIPANT'S NAME AND DATE OF BIRTH <i>(Include new address, when applicable)</i>	AZTECS CASE NO. <i>(If known)</i>	DATE RESIDENT ENTERED CENTER	DATE RESIDENT LEFT CENTER	ESTIMATED END OF TREATMENT DATE	BALANCE OF NA / CA CREDITED TO EBT ACCOUNT	DATE EBT CARD RETURNED TO:	IS THE PARTICIPANT WORKING? ENTER START AND END DATES	PROGRAM PARTICIPATION
		Authorized Representative Form complete	Change Report Given		NA \$ CA \$	Unclaimed Participant	Yes No Start: End:	NA CA
		Authorized Representative Form complete	Change Report Given		NA \$ CA \$	Unclaimed Participant	Yes No Start: End:	NA CA
		Authorized Representative Form complete	Change Report Given		NA \$ CA \$	Unclaimed Participant	Yes No Start: End:	NA CA
		Authorized Representative Form complete	Change Report Given		NA \$ CA \$	Unclaimed Participant	Yes No Start: End:	NA CA
		Authorized Representative Form complete	Change Report Given		NA \$ CA \$	Unclaimed Participant	Yes No Start: End:	NA CA
		Authorized Representative Form complete	Change Report Given		NA \$ CA \$	Unclaimed Participant	Yes No Start: End:	NA CA

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IMPORTANT: Any change(s) in the designation of an authorized representative requires written notice to FAA. This report is due to FAA on a weekly basis when there have been changes.

A. Complete all applicable sections when a resident enters, leaves treatment, or has a change in circumstances during treatment.

1. Participants name and date of birth. Please list address, if known, for participants leaving treatment.
2. AZTECS Case Number, if known.
3. Date participant entered the treatment center, and Authorized Representative form was received and turned in to FAA.
4. Date participant left the treatment center, and a change report was given to the participant.
5. Balance of NA/CA credited to the participant's EBT account.
6. Date EBT card returned to the participant or Unclaimed.
 - a. You must return unclaimed EBT cards in person to a FAA office by the end of the month.
 - b. A list of all unclaimed EBT cards turned into FAA must be provided to the FAA at faaauthorizedinstitutions@azdes.gov.
7. Change in the participant's work status.
8. Program participation.

B. Routing: The center will email a copy to the FAA at faaauthorizedinstitutions@azdes.gov.

C. Retention: The center retains the original for two years or until all issues are resolved, based on reported information.

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, audiotope, 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.