Connect With Us From the Comfort of Your Home

Nutrition, Cash and Medical Assistance application and eligibility services are available online and by phone.

Online: myfamilybenefits.azdes.gov
HealthEArizonaPlus.gov

By Mail:
Arizona Department of Economic Security
Family Assistance Administration
P.O. Box 19009
Phoenix, AZ 85005-9009

By Fax:
Fax to (602) 257-7031 or toll free to (844) 680-9840

By Phone:
1-855-432-7587
Monday through Friday,
7:00 a.m. to 6:00 p.m. Arizona Time

SCAN ME

Connect With Us By Phone

CALL: 855-432-7587 or 855-777-8590

1	2	3
English	Spanish	Other

Information needed to determine a reason for your call

DOB	ZIP Code	Phone #	Case #

You will be placed in the queue to speak to a staff or offered other menu options to specify a reason for your call

If the system is unable to verify your information or is unable to determine a reason for your call, you will be offered the following menu options:

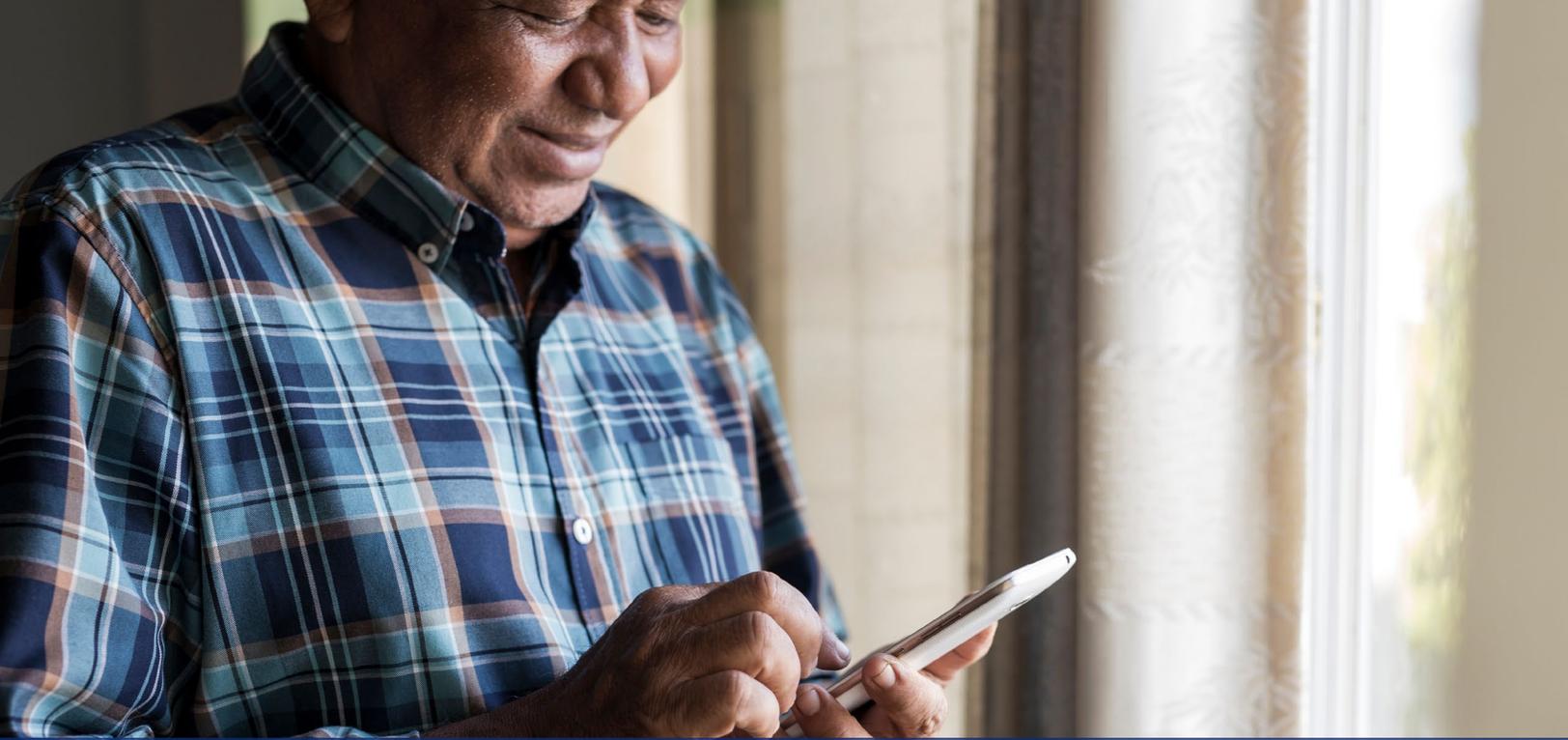| 1	2	3	4	5	6	7	8	9
Check Status	Apply or Renew	Reset Password	Report a Change	Office Location	FAQ	External Transfers	EBT	AHCCCS

If the Phone Line is unable to take your call due to the high call volume, please attempt to call back at your convenience.

Add Us to Your Contacts So You Know When to Answer

Don't miss a call or phone interview by adding our phone numbers to your contacts! We will only contact you when we need information for your case.

📞 855-777-8590

📞 602-771-1337

Also, be on the lookout for text messages from 86684 with information about your case and other resources. We will NOT text you for your personal details, account login, or other sensitive information.

Want to be certain you don't miss a communication from DES?

Sign up on MyFamilyBenefits.azdes.gov to track your case information and see if we have sent you any letters.

Connect With Us Online

Website: myfamilybenefits.azdes.gov

MyFamilyBenefits is an online portal that offers Arizona families an easy and secure way to access information.

MyFamilyBenefits allows Arizona families to view information about their benefit status and applying for benefits, reporting changes and completing their Mid-Approval Contact forms.

How to Access MyFamilyBenefits

- **To Log In** - You will need your username/email ID and password.
- **To Register** - You will need a case number and date of birth, or SSN and date of birth. You can use only one email ID per account.

On the MyFamilyBenefits, you will be able to view your benefit status, view notices, upload verification documents, report changes, complete Mid-Approval Contact forms, and how to apply for benefits.

MyFamilyBenefits
My Mobile Devices

Using Apple and Android Device

MyFamilyBenefits is mobile optimized which allows you to access the application and upload documents through the Apple and Android Devices.

Document requirements

Please ensure the document(s) meets the following criteria prior to uploading:

- Document(s) must be one of the following file types: PDF, TIF, JPG, GIF, BMP, or PNG.
- Document(s) is not password protected. Password protected documents cannot be read and will delay the processing of your eligibility.
- HTML and Word documents cannot be uploaded. *(They can be converted or Saved into PDF format for Upload.)*
- File names that include the following special characters may cause errors: #, %, (,), @, ^, &, ! , $.
- Document(s) larger than 10MB cannot be uploaded. *(You may crop the image into a smaller size and save the changes.)*

To upload documents, go to the MyFamilyBenefits website
https://myfamilybenefits.azdes.gov/

- **To Log In** - You will need your username/email ID and password.
- **To Register** - You will need a case number and date of birth, or SSN and date of birth. You can use only one email ID per account.

Upload Documents Using Mobile Devices

1 Once logged in, select the **Document Center** button on the homepage, or from the **Menu** option on the header.

2 Selection of the Upload Documents button will navigate you to the **Upload Documents** page.

3 Review the acceptable criteria on the **Upload Documents** page prior to uploading a document *(See document requirements below)*.

4 From the **Upload Documents** page, select the **"Select or Drag File to this area to upload"** option.

5 Then select the appropriate source to upload the document:

Apple Device:
- **Photo Library** – this prompts the photo library to select an existing image.
- **Take Photo** – this prompts the camera to open and you can take a photo of the document.
- **Browse** – this prompts the file explorer to identify the document to be uploaded.

Android Device:
- **My Files** – this prompts the file explorer to identify the document to be uploaded.
- **Camera** – this prompts the camera to open and you can take a photo of the document.
- **Gallery** – this prompts the photo library to select an existing image.

6 Once the document(s) have been selected, select document type then click the **Submit** button. A confirmation message will display when the document(s) have been received.

7 If you are not satisfied with the document(s) selected, you can delete the document by clicking the **Trash Can** icon next to the document. You will then be prompted to confirm the deletion of the document. *Note: Only one document can be deleted at a time.*

8 If you do not wish to proceed with uploading the document(s) selected, you can click the **Cancel** button. Clicking the **Cancel** button will remove the selected documents pending to be uploaded *(i.e., clearing the upload queue)*.

9 Download the doc to the mobile device files, sign and upload to MFB site.

Signing a document with an ANDROID device

1 Open your Camera and take a picture of your document or you can take a screenshot of the doc as well.

2 Open your photo gallery and choose the document you would like to upload.

3 At the bottom of the screen click on **"EDIT"**.

4 Then click on the **"markup"**.

5 Click on the **PEN**, then sign/date the document. *(Note: if you make the picture bigger you can sign on the line better, also to move from the signature line to the date be sure you have two fingers on the screen to move it.)*

6 Click **"Done"**, then **"Save copy"**. You can now upload the signed pic to your case. *(See upload documents using an Android Device)*

Signing a document with an APPLE device

How to sign documents on your iPhone, iPad, or iPod touch using the Notes app *(with pictures/ screen print)*

1 Tap on the document in the note.

2 Tap **SEND A COPY**, then tap **MARKUP**.

3 To add your signature, tap "+", then tap Signature. To manually sign your document, select a tool to use, then sign with your finger or an Apple Pencil with a compatible iPad.

4 Tap Done. You can now upload your document. *(See upload documents using an Apple Device)*

Apply Online with Health-e-Arizona Plus (healthearizonaplus.gov)

Logging into Health-e-Arizona Plus:

If you have previously created an account on Health-e-Arizona Plus, visit the website at healthearizonaplus.gov and click "Returning User Log In".

Enter your **Username** and **Password**, then click "**Log In**" to access your account.

If you experience difficulty accessing your HEAplus account, contact the Customer Care Center at 1-855-HEA-PLUS (1-855-432-7587).

Creating an account on Health-e-Arizona Plus:

If you have never created an account on Health-e-Arizona Plus, visit the website at healthearizonaplus.gov and click **"Create Account"**.

After clicking **"Create Account"**, HEAplus will direct you to complete the following:

- Read and accept the user agreement.
- Enter the requested information.
- Create a User Name and password.
- Select and answer Secret Questions.
- Activate your account with the Personal Identification Number (PIN) that HEAplus sends to your e-mail address.

Please note that you will need an email address to create an account. If you do not have an email address, you can get one FREE from Outlook, Yahoo, or Gmail.

Applying for Benefits

- First-Time Users: Click "**Begin a New Application**"
- Returning Users: Click "**Report a Change**", "**Renew My Benefits**", or "**Reapply for Benefits**"
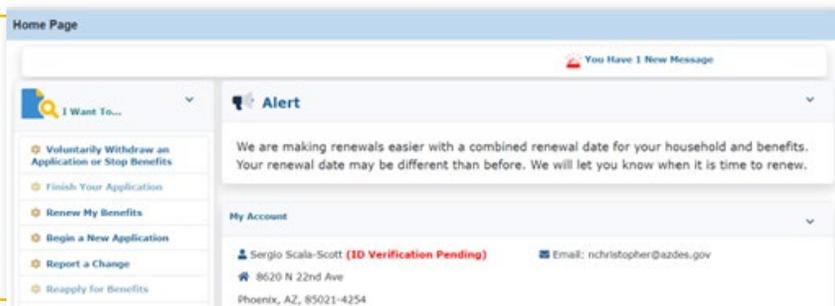
Use "**Report a Change**" to tell us about a change in your household's circumstances when you have active programs or pending submitted applications. Information from your previous application will carry over into the change application.

Use "**Renew My Benefits**" when you have received a letter from us telling you that it is time to renew your household's benefits. Information from your previous application will carry over into the renewal application.

Use "**Reapply for Benefits**" when your household does not have active programs or pending submitted applications. Some information from your previous application will carry over into the new application.

Documents for Your Interview

Identity:

- **Picture ID:** Driver's license, Employment Authorization card, Native American tribal card, Resident Alien Card (Lawful Permanent resident card), State identification, Visa.
- **Other ID:** Birth certificate, CIB, voter registration card, certification of naturalization, I-94 (Refugee Travel Documents, etc.).

Earned income:

- Prior 30 days of pay stubs or an employer's statement verifying any income received in the last 30 days.

Self-employment:

You are considered self-employed when you work for yourself, make your own hours, and/or use your own tools.

- Documentation of income received in the last 12 months (or from the start of business if you have been self employed for less than a year).

Other income (NOT employment):

- **Award Letter** (Veterans Administration, Social Security, Workers compensation letter, Temporarily Disabilities Insurance-TDI).
- **Written statement from the source of the income** (Gifts, loans, cash from relatives or friends, etc.).
- **Child support statement or history** (Prior 3 months).

Expenses:

- **Housing Agreement** (lease agreement, mortgage statement, or statement from the landlord).
- **Billing statements** (utilities, homeowners/renters insurance, property taxes, child care, etc.).
- **Child support** (court document stating obligation, and paystubs or pay history).

  For participants who are 60 years and older or a person with a disability with proof of monthly out-of-pocket medical expenses of more than $35:

  - Prescriptions
  - Co-payments
  - Insurance receipts
  - Medical bills
  - Mileage (medical services)

Closure of Other Benefits:

- Benefit closure letter when benefits were received in another state.

College Students:

- Award letter (student income)
- Admissions letter
- Class schedule

COMMUNITY RESOURCES

RESOURCE TYPE	ORGANIZATION/PROGRAM	CONTACT INFORMATION	DESCRIPTION	COUNTY
Resource Guide	Arizona Self Help http://arizonaselfhelp.org/	(602) 604-0640 ArizonaSelfHelp@gmail.com	**Arizona Self Help** is a free and easy way to find out if your family may be able to get help from 40 different assistance programs in Arizona.	Statewide
Resource Guide	2-1-1 Arizona https://211arizona.org	2-1-1 or (877) 211-8661	**2-1-1 Arizona** is a hotline and web-based directory of services for a variety of different assistance programs specific to your community.	Statewide
Food and Nutrition	Association of Arizona Food Banks https://www.azfoodbanks.org	(800) 445-1914	The **Association of Arizona Food Banks** represents regional food banks and pantries around the state, and can help you find the nearest emergency food option to you.	Statewide
Food and Nutrition	Arizona Department of Education, Health and Nutrition Services https://www.azed.gov/hns/	(800) 352-4558, Option 6	The **Arizona Department of Education, Health and Nutrition Services** provides nutritious meals to children in child care, school and after school care, at no or minimal cost.	Statewide
Food and Nutrition	Summer Food Service Program https://www.azhealthzone.org/foodsites/	Text FOOD to 877-877	The **Summer Food Service Program (SFSP)** ensures low-income children, ages 18 and younger, receive nutritious meals when school is not in session.	Statewide
Food and Nutrition	AZ Health Zone https://www.azhealthzone.org/		**AZ Health Zone** provides your family with opportunities and resources to stay healthy and active.	Statewide
Food and Nutrition	Breastfeeding 24-Hour Hotline	(800) 833-4642	The **Breastfeeding Hotline** is a free, round-the-clock hotline that will answer your pregnancy and breastfeeding questions.	Statewide
Food and Nutrition	Arizona Department of Economic Security, Supplemental Nutrition Assistance Program https://des.az.gov/na	(855) 432-7587	The **DES Family Assistance Administration** determines eligibility for Nutrition Assistance, a monthly benefits program to help you and your family purchase nutritious foods.	Statewide

COMMUNITY RESOURCES

RESOURCE TYPE	ORGANIZATION/PROGRAM	CONTACT INFORMATION	DESCRIPTION	COUNTY
Food and Nutrition	Double Up Food Bucks Arizona https://www.doubleupaz.org	1-833-8-DOUBLE (1-833-836-8253)	The **Double Up Food Bucks** program doubles the value of Nutrition Assistance at farmers markets, community support agriculture farms, food banks and certain grocers.	Statewide
Food and Nutrition	Arizona Department of Health Services, Arizona WIC Program https://www.azdhs.gov/prevention/azwic/index.php	(800) 252-5942	The **Arizona Supplemental Nutrition Program for Women, Infants and Children (WIC)** provides nutrition education and breastfeeding support services, supplemental nutrition foods and referrals to health and social services.	Statewide
Food and Nutrition	Arizona Department of Health Services, Farmers Market Nutrition Program https://azdhs.gov/prevention/azwic/farmers-markets/index.php	(602) 542-1886 azfmnp@azdhs.gov	The **Farmers Market Nutrition Program** provides checks to eligible women, children and seniors to purchase Arizona-grown produce at approved farmers markets.	Statewide
Children and Families	Arizona Helping Hands https://azhelpinghands.org/	(480) 889-0604	**Arizona Helping Hands** provides resources to foster care families to help meet the basic essential needs of children in foster care.	Statewide
Children and Families	Arizona Department of Child Safety https://dcs.az.gov/	AZ Child Abuse Hotline: (888) 767-2445 DCS Family Advocate: (877) 527-0765 DCS Caregiver Warmline: (877) 543-7633	The **Arizona Department of Child Safety** provides services and resources to strengthen families and ensure the safety, permanency and well-being of children.	Statewide
Employment Services	ARIZONA@WORK https://www.arizonaatwork.com/		**ARIZONA@WORK** plays an integral role in improving Arizona's workforce by assisting individuals who are unemployed and underemployed prepare for and obtain gainful employment.	Statewide
Health Care	Arizona Health Care Cost Containment System (AHCCCS) https://www.azahcccs.gov	(855) 432-7587	The **Arizona Health Care Cost Containment System (AHCCCS)** is Arizona's Medicaid agency, offering healthcare programs to serve Arizona residents.	Statewide

RESOURCE TYPE	ORGANIZATION/PROGRAM	CONTACT INFORMATION	DESCRIPTION	COUNTY
Health Care	Federal Health Care Marketplace https://healthcare.gov	(800) 318-2596	The **Federal Healthcare Marketplace** is an online resource and 24-hour hotline to provide information and help you apply for health care insurance through the federal marketplace.	Statewide
Behavioral/ Mental Health	Crisis Response Network https://crisis.solari-inc.org/	(855) 832-2866	The **Crisis Response Network** reviews all applications for Serious Mental Illness (SMI) determination and services in Arizona.	Statewide
Behavioral/ Mental Health	Crisis Text Line www.crisistextline.org	Text HOME to 741-741	The **Crisis Text Line** provides free, 24-hour support for those in crisis. Text HOME to 741-741 to speak with a trained crisis counselor.	Statewide
Housing and Utility Assistance	EveryoneOn https://www.everyoneon.org	Contact your local telephone, internet or utility services for more information about low-cost options for eligible families.	The **EveryoneOn** online directory lists options for low-cost internet and computers based on your zip code.	Statewide
Housing and Utility Assistance	United States Department of Housing and Urban Development https://hud.gov/states/arizona/renting		The **U.S. Department of Housing and Urban Development (HUD)** works with local public housing authorities to provide public housing, housing choice vouchers (Section 8) and reduced rents to low-income tenants.	Statewide
Veterans Services	Arizona Department of Veterans' Services dvs.az.gov	(602) 255-3373	The **Arizona Department of Veterans' Services** helps veterans connect with their VA benefits and other organizations and services available to them around the state.	Statewide
Veterans Services	United States Department of Veterans Affairs https://va.gov	844-698-2311	The **U.S. Department of Veterans Affairs** provides those who've served with a large variety of services and benefits.	Statewide
Veterans Services	Arizona Coalition for Military Families https://www.Arizonacoalition.org	(602) 753-8802	The **Arizona Coalition for Military Families** builds on Arizona's statewide capacity to care for, serve and support all service members, veterans, their families and communities.	Statewide

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.

FAA-1814A PAMENG (5-24)