



# CHANGES – WHAT YOU NEED TO KNOW

## FIND OUT IF YOUR HOUSEHOLD IS STANDARD OR SIMPLIFIED REPORTING:

- ✓ Save your approval notices. This tells you your change reporting requirements!
- ✓ Visit <https://myfamilybenefits.azdes.gov>
- ✓ Call Customer Support at 1-855-432-7587

## REVIEW THE CORRECT CHART TO SEE WHAT YOU NEED TO REPORT:

<b>SIMPLIFIED REPORTING</b> These are the changes that need to be reported for each program for simplified reporting households.
<b>CASH ASSISTANCE (CA)</b> Report when your household's income exceeds any amount over the CA payment you are receiving. Report when a dependent child moves out of the household or is removed by a government agency.
<b>NUTRITION ASSISTANCE (NA)</b> <ul style="list-style-type: none"> <li>• Report when your household's income exceeds 130% of the current Federal Poverty Level.</li> <li>• Report lottery/gambling winnings of \$4,250 or more, when won in a single game.</li> <li>• An Able-Bodied Adult without Dependents (ABAWD) is someone aged 18 through 52, who is fit for employment, and does not have a child. ABAWD participants need to report when their work hours fall below 20hrs per week or an average of less than 80hrs per month.</li> </ul>
<b>MEDICAL ASSISTANCE (MA)</b> For MA, see standard reporting

<b>STANDARD REPORTING</b> These are the changes that need to be reported for each program for standard reporting households.		
<b>TYPES OF CHANGES TO REPORT</b>	<b>TPEP CA</b>	<b>MA</b>
<b>Address</b> Moved or relocated to another address	Yes	Yes
<b>Household Member(s)</b> When someone moved in or out	Yes	Yes
<b>Marital Status</b> Any member	No	Yes
<b>School Attendance (Don't report breaks)</b> CA – for children aged 6 through 15yrs MA – for anyone aged 18 and older	Yes	Yes
<b>Dependent Care Expense (Childcare)</b> Care of a child or incapacitated adult	Yes	No
<b>Housing Expenses</b> Anything that changes shelter costs when you have moved to another address.	Yes	No
<b>Income (Job, Self-Employment, SSI/SSA, Child Support, Retirement, Gift, etc.)</b>	Yes	Yes
<b>Resources (Financial Accounts, 401K, etc.)</b> CA – when resources exceed \$2,000	Yes	No

## WHEN SHOULD I REPORT CHANGES?

- Cash Assistance (CA) and Nutrition Assistance (NA) – Report changes by the 10th calendar day of the month after the change occurred.
- Medical Assistance (MA) - Report changes within 10 calendar days from the date you know about the change.

## FAILURE TO REPORT REQUIRED CHANGES COULD RESULT IN AN:

- Underpayment – you may receive less benefits than you were eligible for.
- Overpayment – you may receive more benefits than you were eligible for that you may have to pay back.
- Intentional Program Violation – if you knowingly provided misleading or falsified information. This could cause you to be disqualified from receiving benefits and/or potentially face criminal charges.

## HOW CAN I REPORT CHANGES?

Please include your printed name, case number, and/or application ID to ensure that the information is added to your case file.

- ▶ Online: 24 hours a day

<https://myfamilybenefits.azdes.gov>  
[www.healthearizonaplus.gov](http://www.healthearizonaplus.gov)

- ▶ Call: Customer Support at 1-855-432-7587
- ▶ Fax: In State number: 602-257-7031  
Toll Free number: 1-844-680-9840
- ▶ Mail: Department of Economic Security:  
P. O. Box, 19009,  
Phoenix, AZ 85005-9009
- ▶ Office: Department of Economy Security  
Family Assistance Administration

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