ARIZONA DEPARTMENT OF ECONOMIC SECURITY Family Assistance Administration

REQUEST FOR IDENTITY AND CITIZENSHIP OR IMMIGRATION STATUS DETERMINATION TURN-AROUND DOCUMENT (TAD)

TO: Family Assistance Administration (FAA)
PO Box 6123, Mail Drop 33S5, Phoenix, AZ 85005

Email: faapolicymgmt@azdes.gov Main Phone Number: (602) 774-5523

Fax Number: (623) 777-5647

Directions: Complete Part I (*Non-Participating Contractors*) or Part II (*Division Staff and Participating Contractors*). Fax the form to FAA. FAA staff completes Part III and faxes a response back to the requester. Please print clearly.

NON-PARTICIPATING CONTRACTORS

PART I - REQUEST FROM NON-PARTICIPATING CONTRACTORS ONLY

This section is to be completed by Non-Participating Contractors to refer applicants to the Family Assistance Administration (FAA) for purposes of verifying identity and citizenship/immigration status. IMPORTANT: The person submitting the request must include his/her name in the Name of Agency/Division Representative field. Initials or job title are not to be used in this field. The FAA representative may need to contact the requester for additional information.

Applicant's Name (Last, First, M.I.)

Referring Agency/Division

Name of Agency/Division Representative (DO NOT use initials or job title)

Date of Referral

Representative's E-Mail Address

Phone Number

Fax Number

DEPARTMENT STAFF AND PARTICIPATING CONTRACTORS

PART II - REOUEST FROM DEPARTMENT STAFF AND PARTICIPATING CONTRACTORS ONLY

This section is to be completed by **DES Department Staff** and **Participating Contractors** to refer applicants to the Family Assistance Administration (FAA) for purposes of verifying citizenship/immigration status. **IMPORTANT:** An alien identification number or copy of any documents presented by the applicant **MUST** be submitted with this request. The person submitting the request **MUST** include his/her name in the Name of Agency/Division Representative field. Initials or job title are **NOT** to be used in this field. The FAA representative may need to contact the requester for additional information.

Applicant's Name (Las	st, First, M.	<i>I.)</i>				
Date of Birth	Country of Birth			Aliases/AKA (Also Known As)		
Case Number (If applicable)				Date A	Applied	Date of Interview
Residential Address (N	No., Street	City, State,	ZIP)			
Applicant reports he/sł	he is a:	Citizen	Documented Nor	n-citizen	Undocumented	
Document Type:	Alien ID	Other Do	ocument Type			
Important: Copies of	any docun	nents presen	ited by the applicant	MUST acc	company this request.	
Alien ID Number				Date o	of Issuance	Expiration Date

DES-1024AFORNA (7-22)	
(OSI-210 - Exhibit D)	

FAA Representative's Name

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(OSI-210 - EXHIBIT D)				
Referring Agency/Division				
Name of Agency/Division Representative (DO NOT use in	Date of Referral			
Representative's E-Mail Address	Phone Number	Fax Number		
	NCE ADMINISTRATION			
PART II	II - RESULTS			
This section is to be completed by the Family Assistance acitizenship/immigration status information.	Administration (FAA) to notify reques	sters with identity and		
NON-PARTICIPATING CONTRACTORS	DIVISION STAFF AND PARTIC	CIPATING CONTRACTORS		
Identity Documents Presented	Documents Presented			
Citizenship or Immigration Documents Presented	Alien ID Number			
Alien ID Number or Social Security Number	Results			
Results	FAA Representative's Name	Phone Number		

CONFIDENTIAL AND PRIVILEGED INFORMATION - INTENDED FOR THE NAMED RECIPIENT ONLY

Date Referred to OSI Reason for Referral

Phone Number

This material is intended for the named recipient(s) only. If you have this and are not the named, intended recipient, please do not read the contents of this fax or any attachment. Please inform the sender of the error so re-transmittal to the intended recipient may occur. Please do not copy/share the contents of the transmission. Please destroy the fax and any attachment. Thank you.

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