

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 - REQUEST 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 (*Last, First, M.I.*) _____

Date of Birth _____ Country of Birth _____ Aliases/AKA (*Also Known As*) _____

Case Number (*If applicable*) _____ Date Applied _____ Date of Interview _____

Residential Address (*No., Street, City, State, ZIP*) _____

Applicant reports he/she is a: Citizen Documented Non-citizen Undocumented

Document Type: Alien ID Other Document Type

Important: Copies of any documents presented by the applicant **MUST** accompany this request.

Alien ID Number _____ Date of Issuance _____ Expiration Date _____

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 _____

FAMILY ASSISTANCE ADMINISTRATION

PART III - RESULTS

This section is to be completed by the Family Assistance Administration (FAA) to notify requesters with identity and citizenship/immigration status information.

NON-PARTICIPATING CONTRACTORS

Identity Documents Presented _____

Citizenship or Immigration Documents Presented _____

Alien ID Number or Social Security Number _____

Results _____

FAA Representative's Name _____ Phone Number _____

DIVISION STAFF AND PARTICIPATING CONTRACTORS

Documents Presented _____

Alien ID Number _____

Results _____

FAA Representative's Name _____ Phone Number _____

Date Referred to OSI _____ Reason for Referral _____

CONFIDENTIAL AND PRIVILEGED INFORMATION - INTENDED FOR THE NAMED RECIPIENT ONLY

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