



# TIME SAVING TIPS

Help us help YOU reduce your wait time!



1. If you already have a HEAplus account, please have your HEAplus ID number ready before you get to the Concierge.
2. If you must leave, you can apply on-line at [www.healthearizonaplus.gov](http://www.healthearizonaplus.gov).
3. If you need an interview, you can choose to:
  - Call us at 1-855-777-8590 for a phone interview or
  - Come in and bring us your Application ID Number

## When you interview, have the following information with you:

<b>1) Proof of identity and for immigrant applicants (verification of alien status)</b> <ul style="list-style-type: none"> <li>• Resident alien card (<i>lawful permanent resident card, voter registration card, certificate of naturalization, employment authorization card, and I-94 Refugee Travel Documents</i>)</li> <li>• Visa</li> <li>• Other Photo ID</li> <li>• Birth Certificate</li> <li>• Driver's License</li> <li>• US Passport</li> </ul>	
<b>2) Earned income</b> Provide the earned income from last month or this month from all employment sources. Proof includes: <ul style="list-style-type: none"> <li>• A copy of pay stubs received in a 30-day period.</li> <li>• A statement from the employer or organization that shows the gross amount of income.</li> <li>• A statement showing any and all             <ul style="list-style-type: none"> <li>◦ Tips</li> <li>◦ Commissions</li> </ul> </li> <li>◦ Bonuses</li> <li>◦ Overtime</li> <li>• A statement from employer showing the normal range of hours worked, if the hours worked vary from, pay-check to pay-check.</li> <li>• A copy of the Work Contract.</li> <li>• Self-employment (work for yourself, contractor, dictate your hours, use your own tools.)</li> <li>• Proof of terminated employment must include the last day worked, last day paid and the gross amount.</li> </ul>	
<b>3) Proof of income not from employment (for each household member with income)</b> <ul style="list-style-type: none"> <li>• Social Security Award Letter</li> <li>• Child Support</li> <li>• Veterans Administration Award Letters</li> <li>• Gifts or loan being received</li> <li>• Federal income tax return (<i>all addendums and schedules</i>)</li> <li>• Workers Compensation (<i>award letter and check stubs</i>)</li> <li>• Temporarily Disabilities Insurance (<i>TDI</i>)</li> </ul>	<b>4) Proof of Arizona residency and housing costs</b> <ul style="list-style-type: none"> <li>• Rent or Mortgage Receipts</li> <li>• Written explanation of any share housing costs (<i>Roommate, relatives, etc.</i>)</li> <li>• Lease agreement or statement from landlord</li> <li>• Utility bills (<i>gas, oil, electric, phone</i>)</li> <li>• House insurance</li> </ul>
<b>5) If over age 59 or disabled, proof of medical expenses not covered by health insurance for the past 90 days</b> <ul style="list-style-type: none"> <li>• Prescriptions</li> <li>• Co Payments</li> <li>• Premium facilities</li> <li>• Insurance Receipts</li> <li>• Medical Bills</li> <li>• Mileage to Medical</li> </ul>	<b>6) If you have someone else caring for your child while you work, proof of childcare costs for each child for the past 30 days.</b> <b>Do you transport the child to or from the childcare location?</b>
<b>8) Proof of disability</b> <ul style="list-style-type: none"> <li>• Letter from Social Security</li> </ul>	<b>7) Social security card, or proof that an application for one has been made and submitted.</b> <ul style="list-style-type: none"> <li>• A completed letter from your doctor</li> <li>• Letter from Veterans Administration</li> </ul>
<b>9) Proof of legal obligation and payment of court ordered child support</b> Provide one item from each column:	<ul style="list-style-type: none"> <li>• Court order</li> <li>• Division of Child Support Services (DCSS)</li> <li>• SSA Award Letters</li> <li>• Cancelled checks</li> <li>• Money order copies</li> </ul>

## HELPFUL INFORMATION:

- Healthcare Marketplace: 1-800-318-2596 • [www.healthcare.gov](http://www.healthcare.gov)
- TTY Number for the Social Security Administration: 1-800-325-0778
- Social Security Administration: 1-800-772-1213 • [www.socialsecurity.gov](http://www.socialsecurity.gov)

For ANY questions regarding your case or help with your HEAplus User Name or Password, please call 1-855-432-7587. You can Apply for Benefits or Report Changes at: [www.healthearizonaplus.gov](http://www.healthearizonaplus.gov)

# CREATING YOUR...

## USER NAME:

When applying for benefits through HEAplus, you will enter in your name, street address, city name, State name, email address, etc. You will also be asked to "Create your User Name", and it's good to create a unique User Name that is easy for you to remember.

While we never recommend writing both your User Name and Password on the same sheet of paper, the bottom of this flyer can be used to write one or the other. Please be sure to read the advice in the note at the bottom of that section.

**NOTE:** If you're looking for general suggestions about creating a User Name for business interactions, we found the following ideas shared on various websites:

- Do not use the exact same User Name on different website accounts.
- Remember the User Name represents who you are to others.
- Avoid using any personally identifiable information, such as your first and last name or your birthdate. It's especially important not to use your last name. You could use your seldom-spoken middle name, and spell it backwards.
- Do not reveal your age, or your location.
- Avoid offending people.
- Combine the name of a favorite pet with the name of a place you would enjoy visiting, such as Woofie Grand Canyon. Or consider your interests: If you love a local lake, find out the name of a popular flower that grows there, and base your User Name around it. Example: Pleasant Lake Daisies. Or if you like watching football, use your favorite Team's name with the first name of a current player.
- Use a phrase that is meaningful to you: "I love ice cream."
- Keep it clean: Do not use inappropriate words.
- Use a dash or underscore between some words: (- or \_)



## PASSWORD:

- Your password must be **eight** or more characters long.
- No repeating of characters (*examples: 00 or 22*).
- No repeating of character pairs (*examples: oxox or 2424*).
- Use at least one number.
- Use at least one special character (*such as: !, @, #, \$, (, %, ), &, \**).
- Use a combination of upper and lower case letters (*use at least one upper case letter*).
- The password should contain no blanks spaces.

## IMPORTANT:

If you choose to write your information into the blank spaces below, keep this information in a safe place.

Application ID # \_\_\_\_\_

Case # \_\_\_\_\_

User Name \_\_\_\_\_

OR

Password \_\_\_\_\_

**NOTE:** You are solely responsible for the use and proper protection of your User Name and Password, and you shall take precautions to prevent their loss (including the loss of this flyer if you write your information into the blank spaces) and/or unauthorized use. You agree to hold harmless the State of Arizona, the Department of Economic Security and AHCCCS from and against any and all claims, losses, liability, costs and expenses arising from such losses or unauthorized uses.

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