

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Benefits and Medical Eligibility  
Family Assistance Administration



# Assistance Programs

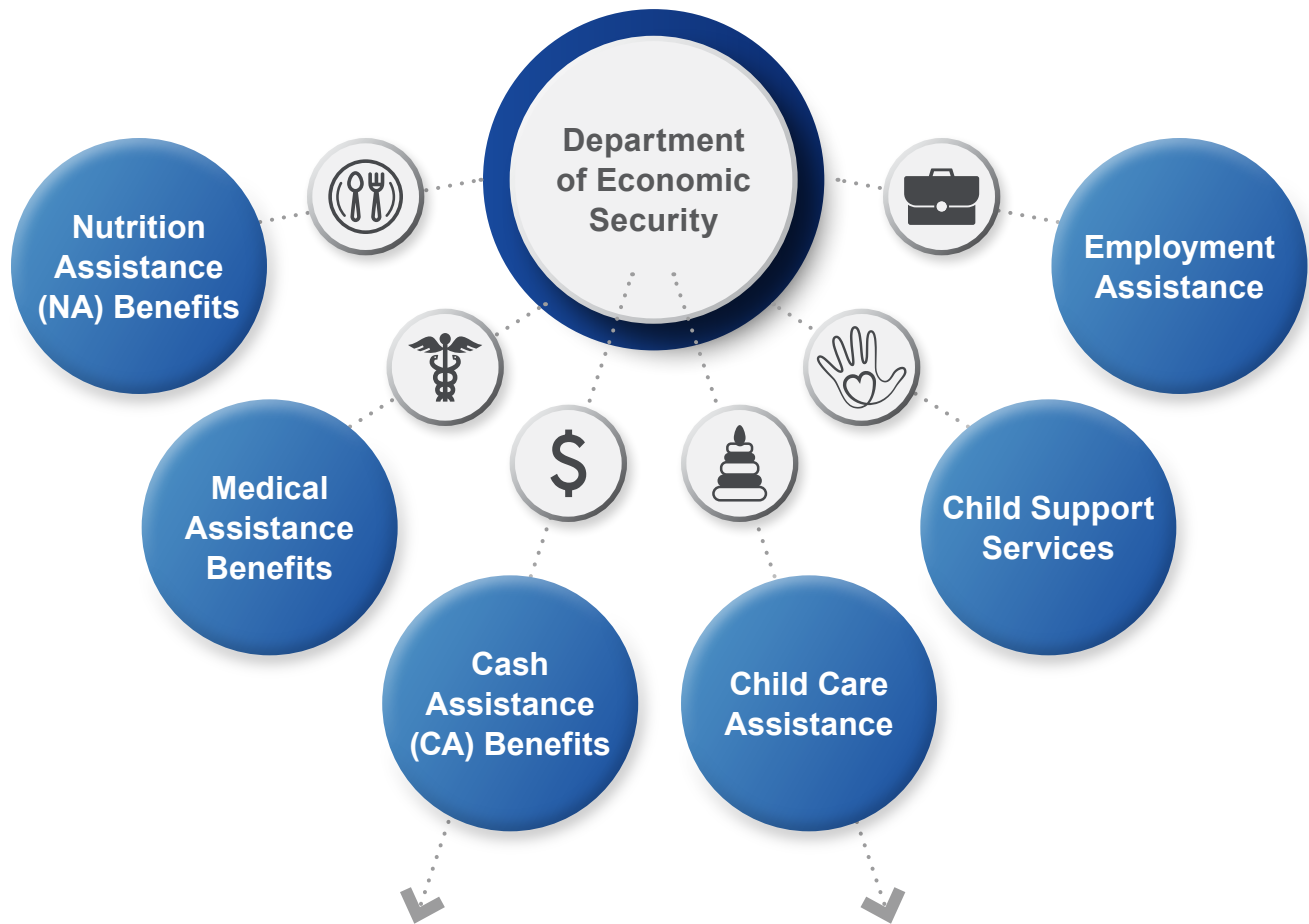
WHAT YOU NEED TO KNOW



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The Arizona Department of Economic Security (DES) makes Arizona stronger by helping Arizonans reach their potential through temporary assistance for those in need and care for the vulnerable. DES provides temporary assistance to Arizonans in need while they work toward greater self-sufficiency with food, health care, parental financial support, services for individuals with disabilities, and protection for the vulnerable through the investigation of allegations of abuse, neglect, and exploitation. DES provides assistance to people who qualify through the following programs:



- Cash Assistance (CA)
- Two - Parent Employment Program (TPEP)
- Grant Diversion (GD)
- Kinship Care (KS)
- Kinship Foster Care (KF)
- Legal Permanent Guardian (LPG)
- Transitional Child Care (TCC)
- Guaranteed Child Care (GCC)

## Customer Bill of Rights

DES is committed to providing quality services to all our customers. You have the right to the following:

Courteous and professional treatment; therefore, our goal is to:	Clear and current information; therefore, our goal is to:	Timely and accurate benefits; therefore, our goal is to:
<ul style="list-style-type: none"> <li>• Treat you with respect</li> <li>• Listen to you and answer your questions</li> <li>• Keep your information confidential</li> <li>• Respond to your needs</li> <li>• Respond to your incoming calls</li> <li>• Provide a clean and comfortable environment</li> <li>• Assist you in your quest to obtain services</li> </ul>	<ul style="list-style-type: none"> <li>• Let you know what services are available to your household</li> <li>• Give you information about programs and services</li> <li>• Keep you informed throughout the entire eligibility process</li> </ul>	<ul style="list-style-type: none"> <li>• Screen your application for all services</li> <li>• Give you the first available interview to meet your needs</li> <li>• Give you a special appointment if you work or go to school</li> <li>• Give you simple instructions and explanations</li> <li>• Notify you of our decisions in writing</li> <li>• Assist in seeking or requesting an appeal if you disagree with our decisions</li> </ul>

## How to Apply for Medical, Nutrition, and Cash Assistance Benefits

Online	By Phone	In Person
Health-e-Arizona Plus (HEAplus) website at: <a href="http://www.HealtheArizonaPlus.gov">www.HealtheArizonaPlus.gov</a>	1-855-HEA-PLUS (432-7587)	Fill out the paper application and turn it in by mail, fax, or in person to any Department of Economic Security/Family Assistance Administration (DES/FAA) or Tribal Temporary Assistance for Needy Families (TANF) office. You can find a list of local offices at: <a href="https://des.az.gov/find-your-local-office">https://des.az.gov/find-your-local-office</a>

## Providing DES with Your Social Security Number

When you are applying for benefits, Federal Law requires that you give us your Social Security Number(s) and any Social Security Number(s) belonging to members of your household who are applying for AHCCCS Medical Assistance, Cash Assistance, or Nutrition Assistance benefits. If you do not have a Social Security Number, we can refer you to a Social Security Office to apply for one. For some non-citizens applying for AHCCCS Medical Assistance, a Social Security Number may not be needed. The collection of this information, including the Social Security Number of each person you are applying for, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036.

### Your Social Security Number may be used:

- To check your identity, verify income and assets, and prevent duplicate benefits,
- To establish and enforce child support and medical support orders,
- To check with other states who have similar programs,
- To participate in a computer matching process with state and federal agencies and our other programs to verify the above,
- To pursue collection of any Cash Assistance or Nutrition Assistance overpayment resulting from your receipt of more benefits than you were entitled to receive, and/or
- By federal, state, and local officials and their contractors to monitor compliance regulations and for program management.

## Citizenship and Immigration Status

Giving DES the citizenship and immigration status for everyone who may qualify for benefits allows us to give you the highest amount of benefits you qualify to receive. Under Federal Law, certain non-citizens, such as refugees or political asylees, may qualify for AHCCCS Medical Assistance and Nutrition Assistance. For those qualified non-citizens, United States Citizenship, and Immigration Services (USCIS) guidelines state that the use of these benefits will not affect your ability to become a Lawful Permanent Resident. Households with different immigration statuses may apply for benefits on behalf of US Citizen children and other eligible family members.

## Do You Need an Interpreter?

DES/FAA provides language assistance to the people we serve that have limited English language skills. Regulations require Arizona to provide translation and interpreter services in any language you need. Please let DES know if you need an interpreter by telling us what language you speak. You can write it on the application or let us know at your eligibility interview for benefits.



## How Long Does it Take to Start Getting Benefits After You Apply?

The amount of time it takes to start receiving benefits after you apply depends on several factors including:

1. The length of time it takes you to complete the application process.
2. The length of time it takes you to give us information.
3. The type of benefits you apply for.

The application process includes the following:

- Giving us all required mandatory verification needed to make a determination, and
- Completing an interview for Nutrition Assistance and Cash Assistance (an interview is not required for Medical Assistance).

You will get a decision letter letting you know if you or each member in your household is eligible or not. When eligible we will let you know the following:

- The benefits that you or each member of your household will receive.
- For Nutrition and Cash Assistance, the amount of your benefits.
- How long you are approved to receive benefits and when you need to reapply.

For all programs, allow at least three days from the date of the eligibility decision for mail delivery of your benefit decision letter. By law, a decision about your application must be made in the following number of calendar days:

Medical Assistance	Nutrition Assistance	Cash Assistance
<ul style="list-style-type: none"> <li>• New Applications – 45 Calendar Days</li> <li>• Hospitalized Applicants – 7 Calendar Days</li> <li>• Pregnant Women – 20 Calendar Days</li> <li>• When a Disability Determination is Needed – 90 Calendar Days</li> <li>• Renewal Applications – Last day of your current benefit period if you recertified timely</li> </ul>	<ul style="list-style-type: none"> <li>• New Applications – 30 Calendar Days</li> <li>• Expedited (Emergency) – 7 Calendar Days</li> <li>• Renewal Applications – Last day of your current benefit period if you recertified timely</li> </ul>	<ul style="list-style-type: none"> <li>• New Applications – 45 Calendar Days</li> <li>• Kinship – 20 Calendar Days</li> <li>• Legal Permanent Guardian – 20 Calendar Days</li> <li>• Grant Diversion – 20 Calendar Days</li> <li>• Two-Parent Employment Program – 45 Calendar Days</li> <li>• Renewal Applications – Last day of your current benefit period if you recertified timely</li> </ul>

## **We Need Your Cooperation**

All households must cooperate with DES/FAA and provide timely, correct information to determine eligibility and benefit levels. If you provide incorrect information, or refuse, or fail to provide needed information within specified time frames, your benefits may be changed or stopped, and you may also be responsible for repaying benefits. All the information you provide will remain confidential.

## **AHCCCS Medical Assistance (Medical Coverage)**

The Arizona Health Care Cost Containment System (AHCCCS) administers the Medicaid program in the State of Arizona. The Medicaid program is called AHCCCS Medical Assistance in this booklet and is frequently referred to as MA or AHCCCS by DES staff. This federal program was established to provide medical assistance to persons who could not otherwise afford to pay for their medical needs or insurance premiums. DES/FAA is responsible for determining AHCCCS Medical Assistance eligibility for families, individuals, children, and pregnant women. If you are determined eligible for AHCCCS Medical Assistance, DES/FAA will inform AHCCCS of your eligibility.

### **Who can get AHCCCS Medical Assistance?**

AHCCCS Medical Assistance is available to Arizona residents that meet the eligibility requirements. There is a qualifying income limit, and it is not the same for everyone. Families may be eligible as a family unit, or individuals may qualify on their own. The family income limit depends upon the number of persons in the household.

### **What if I am not a U.S. citizen?**

Persons that do not meet citizenship or legal status requirements may get emergency medical services. Eligibility requirements have different income limits based on pregnancy status, age, or other circumstances. You may be asked to prove that you are an Arizona resident. Persons that only qualify for emergency services are not enrolled in an AHCCCS health plan. Payment for emergency services is made on a fee-for-service basis. AHCCCS decides whether a medical emergency qualifies for payment.

### **If I qualify, when will my AHCCCS Medical Assistance begin?**

Coverage for AHCCCS Medical Assistance usually begins the first day of the month a person is found eligible. You may apply for coverage up to three (3) months prior to the month you applied, when you are pregnant, in the post-partum period, or under the age of 19, and if you had medical expenses in these months. The 'start date' will show on the AHCCCS Medical Assistance decision letter for each person who applied. AHCCCS or the Health Plan Provider will send eligible members an AHCCCS Health Insurance Card with their health plan information.



## What services does AHCCCS Medical Assistance provide?

### AHCCCS Medical Assistance covers the following medical services:

<ul style="list-style-type: none"><li>• Prescription Medication*</li><li>• Doctor's Office Visits</li><li>• Laboratory and X-ray Services</li><li>• Hospital Services</li><li>• Dialysis</li><li>• Medical Supplies</li><li>• Immunizations (shots)</li><li>• Medically Necessary Transportation</li></ul>	<ul style="list-style-type: none"><li>• Medically Necessary Specialist Care</li><li>• Behavioral Health Care</li><li>• Chemotherapy</li><li>• Emergency Medical Care</li><li>• Rehabilitation Services</li><li>• 90 days of Nursing Care Services per calendar year</li></ul>	Anyone under age 21 also receives: <ul style="list-style-type: none"><li>• Dental Screening and Treatment</li><li>• Hearing Tests and Hearing Aids</li><li>• Eye Exams and Glasses</li></ul>
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\*AHCCCS prescription coverage is limited for people who have Medicare

## How do I choose an AHCCCS Health Plan?

When applying for AHCCCS Medical Assistance, you will be asked to choose a health plan during the application process. Both the online application and the paper application forms will give you more information about available health plans and information on how to pre-enroll with an AHCCCS Health Plan. Before you enroll in a health plan, inquire with your doctor, clinic, pharmacy, or hospital as to which health plans they take.

- If you were enrolled in an AHCCCS Health Plan within the last 90 days in your geographic area, you will be automatically enrolled in the same health plan.
- If you were not enrolled in an AHCCCS Health Plan in the last 90 days and do not choose a plan during the application process, you will be assigned a health plan automatically.
- You will have 30 days to choose a different plan if you would like to by calling 1-855-HEA-PLUS/1-855-432-7587.

Once you are enrolled in an AHCCCS Health Plan, you must obtain medical care through your health plan. If you do not do this, you will be responsible for paying for the medical care yourself. You may change your primary care physician by contacting your AHCCCS Health Plan. Once enrolled in an AHCCCS Health Plan, you must stay with that plan, unless you move out of the service area of the plan or if you choose another plan during your annual open enrollment period.

Native Americans and Alaska Natives may switch at any time between an AHCCCS Health Plan and the American Indian Health Program (AIHP). Refer to the Member Handbook you receive from the health plan for information. AHCCCS or the Health Plan Provider will send eligible members an AHCCCS Health Insurance Card with their health plan information.

The **first time** you become eligible for AHCCCS Medical Assistance and are ENROLLED in an AHCCCS Health Plan, you may be eligible for a guaranteed enrollment period of up to six (6) months. This means that you may receive at least six (6) months of medical care with the health plan even if you get a letter telling you that you no longer qualify for AHCCCS Medical Assistance. AHCCCS will advise you if this occurs.

## How much does AHCCCS Medical Assistance cost?

**Co-Payments:** When you go to see your doctor, get a prescription filled, or use the hospital emergency room for medical care when it is not a medical emergency, you may be asked to pay a co-payment.

If you have a co-payment, you may need to pay it before you get the service. If you have this type of co-payment, you will get a letter letting you know that you have mandatory co-payments and the amounts. If your co-payments are not mandatory, the medical provider may ask for the co-payment but cannot deny the service if you cannot pay it.

An AHCCCS member that meets any of the following is exempt from co-payments:

- Under the age of 19
- Receiving services from the Children's Rehabilitative Services (CRS) program
- Diagnosed as having a Serious Mental Illness (SMI) by the Arizona Department of Health Services (ADHS)
- Receiving acute care benefits and temporarily living in a nursing home or residential facility, but only when the customer's medical condition would otherwise require hospitalization. This exemption is limited to 90 days in a contract year.
- Receiving hospice care
- Enrolled with American Indian Health Program (AIHP)
- Is pregnant.

**Monthly Premiums:** Most people do not have to pay a monthly premium for AHCCCS Medical Assistance. However, if you need to pay a premium, AHCCCS will send you a letter before your first premium is due.

## **Can I have other Health Insurance and still be eligible for AHCCCS Medical Assistance?**

Yes, for the majority of the AHCCCS programs, but your insurance company will be billed first. You must tell us about any other health insurance coverage you have and/or when it ends. AHCCCS can ask for repayment of their costs in providing medical care to persons when another party is found responsible to pay for these costs. Another person may be found responsible to pay medical costs when medical expenses are due to an injury or when a person has been involved in an accident or medical malpractice.

## **If I qualify for AHCCCS Medical Assistance, when I have my baby, will my baby be covered?**

Babies born to women that qualify for AHCCCS Medical Assistance may receive medical coverage for one year, as long as the baby continues to live in Arizona. To continue getting AHCCCS Medical Assistance, you must respond to all letters sent to you by DES and AHCCCS.

## **If I go to work or my earnings increase, can my family still receive AHCCCS Medical Assistance?**

Do not voluntarily withdraw from AHCCCS Medical Assistance just because you go to work or have an increase in the pay you receive. When you or a member of your family has gone to work or has had an increase in pay, let DES know about the change, as you may qualify for Transitional Medical Assistance.

Transitional Medical Assistance coverage may be approved for up to six months when:

- The change is reported within ten (10) days,
- Someone in your family received AHCCCS Medical Assistance benefits in the Caretaker Relative Program in three (3) of the last six (6) months; and
- Your AHCCCS Medical Assistance benefits were stopped because of an increase in earned income.

Your family may receive an additional six months of transitional medical assistance when:

- The employed person continues to work.
- The household has income at or below 185% of the FPL.

## **What should I do if I have a problem with my AHCCCS Medical Assistance?**

If you have a problem with your doctor or health plan, contact the health plan's member services patient representative to report the problem. The phone number is listed on the enrollment information in the health plan member handbook and can be found on the AHCCCS Health Insurance ID card. You can contact the HEAplus Customer Service Support Center at 1-855-HEA-Plus/1-855-432-7587 when you:

- Have questions about the decision made about you or a member of your family, and
- You need health plan enrollment information.

## **Nutrition Assistance Benefits**

Nutrition Assistance benefits help low-income families or individuals to buy food for a healthier diet. Any responsible member of the household may apply for Nutrition Assistance benefits. If there is no one in your household who can apply, you may have someone else apply for you and be interviewed for your household. If you are eligible to get Nutrition Assistance, your child(ren) can also receive free school lunches. Eligibility for Nutrition Assistance is based on the household's:

- Income
- Resources
- Other requirements such as residence, citizenship or qualified non-citizen status, and cooperation with the DES/FAA Employment Administration, Supplemental Nutrition Assistance Employment & Training (SNA E&T) Services.

## **Nutrition Assistance Medical Expense Deduction**

Households that have elderly participant(s) or participant(s) with a disability may qualify for an NA Medical Expense Deduction.

- The Household could qualify for a standard medical deduction when at least \$35.01 in monthly out-of-pocket medical expenses are verified.
- The Household could qualify for a deduction of the actual monthly out-of-pocket medical expenses when the verified expenses exceed \$160.

## **Nutrition Assistance Transitional Benefit Assistance**

Transitional Benefit Assistance is to help support a family's transition from Cash Assistance to becoming more self-supporting. Certain Nutrition Assistance households who no longer meet eligibility requirements for Cash Assistance, may transition to Nutrition Assistance Transitional Benefit Assistance. These households are potentially eligible to receive up to five consecutive months of Nutrition Assistance Transitional Benefit Assistance payments.

## **Able Bodied Adults Without Dependents (ABAWD) Work Requirements**

Able Bodied Adults Without Dependents (ABAWD) who are age 18 through 52 may receive only three (3) full months of Nutrition Assistance (NA) benefits in a 36-month period, unless they complete one of the following:

- Work (including self-employment, volunteer, and in-kind work) an average of 20 hours or more per week within a timeframe of 30 consecutive days, or
- Satisfactorily participate for 20 hours or more per week in one of the following programs:
  - Workforce Investment Act
  - Trade Adjustment Assistance Act
  - Employment and Training (excluding job search or job search training), including Supplemental Nutrition Assistance Program Employment and Training (SNAP E&T) services

## Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T) services

In Arizona, SNAP E&T services are made available through SNAP Career Advancement Network (CAN) Providers, or the SNAP CAN Program. NA participants are referred by FAA to the SNAP CAN. Exemptions from the NA Work Requirements include NA participants with disabilities, minor children, persons age 60 and over, and some persons with a child under age six (6).

The SNAP CAN Program and the ARIZONA@WORK have resources that can help you find employment or to learn new skills.

NA work registrants and ABAWD participants are encouraged to contact the ARIZONA@WORK or a SNAP CAN provider for employment and training services. They can help you return to the workforce through no-cost employment readiness services.

For more Information about SNAP E&T Services:

Visit the DES website at [des.az.gov](http://des.az.gov) and click on the link, Find Employment. There is information about the Employment and Training services provided by ARIZONA@WORK along with locations and contact information about SNAP CAN providers.

## Cash Assistance Benefits

The Cash Assistance program provides temporary cash benefits and supportive services to needy Arizona children and their families. It helps these families to meet their basic needs as they work their way back to becoming self-supporting.

DES/FAA offers Cash Assistance under several programs. Eligibility is based on citizenship or qualified non-citizen resident status, Arizona residency, and limits on resources and monthly income. There are additional requirements depending on the Cash Assistance program for which you are applying.

The Cash Assistance household consists of persons who live with and have a specified relationship with an eligible dependent child. An eligible dependent child could also be without a parent's support or care and live with a needy family. Benefits are provided when it is determined that the household cannot support itself by its own means. Cash Assistance is considered a temporary means of support and is intended to be provided only until the household can become self-sufficient.

Cash Assistance Benefit Program provides cash payments to the following:

- Families with parents, specified relatives of children under age 19 who are in their care, and
- Legal permanent guardians who have been appointed by any court during a dependency hearing or dependency proceeding.

## Eligibility Requirements for Cash Assistance

Children must be without the support or care of a parent because of:

- The death of a parent,
- The continued absence of a parent due to separation or divorce, institutionalization, deportation, or the parent is not currently living with the child,
- The disability of a parent, or
- The unemployment or underemployment of the primary wage-earning parent.

Children must live with a specified relative. Specified relatives of an eligible child include a:

- Parent (a natural or adoptive mother or father),
- Sibling (sister or brother),
- Stepfather, stepmother, stepsister, stepbrother,
- Grandparent, great-grandparent,
- Uncle, aunt, nephew, niece,
- First cousin, first cousin once removed,
- Spouse of those listed above, even when the marriage has been terminated by death or divorce, and
- Non-related legal permanent guardian.

Young Adults age 18 may be eligible if they are full-time students in a secondary school, or in the equivalent level of vocational or technical training, and can reasonably be expected to complete the program before or during the month in which they reach age 19.

## Personal Responsibility Agreement

The parent(s) or specified relative that applies for or receives Cash Assistance benefits, unless applying only for children, must sign the Personal Responsibility Agreement as a condition of eligibility. If you have good cause for not cooperating with the Personal Responsibility Agreement requirements, notify your Worker.

By signing the Personal Responsibility Agreement, you are indicating that household members will agree to certain responsibilities, which include:

- Preparing for and accepting a job,
- Making sure all school-age children (age 6 through 15) attend school,
- Keeping the children's immunizations (shots) up to date,
- Cooperating with the rules of Cash Assistance to provide proof to determine eligibility and to report changes,
- Cooperating with the Jobs Program before being approved for Cash Assistance or TPEP,
- Cooperating with the Division of Child Support Services before being approved for Cash Assistance or TPEP, when applicable, and
- Cooperating with the Child Care Administration to arrange child care services as needed to support approved work activities.



Refusing to sign the Personal Responsibility Agreement will cause your Cash Assistance benefits to be denied, unless your case is for children only, and you are not included in the eligibility determination. When you are approved and you do not cooperate with the conditions of the Personal Responsibility Agreement, the household will be penalized as shown below. This includes Cash Assistance families required to participate in the Jobs Program and fail to participate without good cause. Two-Parent Employment Program members required to participate in the Jobs Program and/or Child Support Services and fail to participate or cooperate without good cause, will have their TPEP benefits withheld or stopped.

First (1st) Time	Second (2nd) and Greater
50% reduction of the family's cash benefit.	Cash Assistance benefits are stopped.

### **How can I get my benefits back again after I have been penalized (sanctioned)?**

If your Cash Assistance is closed because you did not work with the Division of Child Support Services (DCSS) or complete your work requirements with the Jobs Program, school attendance, or immunizations you will need to do what you were asked to do and complete the disqualification period for any sanction before you receive Cash Assistance Benefits.

### **State Benefits Limit (STBL)**

State Benefits Limit means a household can only get up to twelve (12) months of benefits in Arizona. State Law changed in July 2016, limiting the number of months a family can get Cash Assistance benefits. Only the benefit months received in Arizona count toward this limit. The number of months that are counted start with the benefits you received from October 1, 2002, to the present date.

### **Lifetime Benefit Limit (LIBL)**

The Lifetime Benefit Limit means that the person who applies (Main Contact/Primary Informant) and their spouse can only receive Cash Assistance for 60 months. In the US, some tribes may have exemptions based on high unemployment rates where they live. When the household's Cash Assistance benefit is less than \$10 a month that benefit month will not count toward the Main Contact/Primary Informant or their spouse's 60-month Lifetime Benefit Limit.

### **Family Benefit Cap Period**

Family Benefit Cap Period (FBCP) is a period of 60 consecutive months given to parents and specified relatives who apply and receive Cash Assistance for a dependent child. FBCP does not allow the household to receive any increase in Cash Assistance for more children born to a parent while the family is receiving Cash Assistance. This rule does not apply to a child born or adopted before November 1, 1995. If the Division of Child Support Services collects current child support for a benefit-capped child, it will be sent to you.

## **Unwed Minor Parent**

An Unwed Minor Parent is a parent under the age of 18 that has never been married and has a dependent child. Eligibility for Cash Assistance (CA) will depend on who the unwed minor parent lives with. Please ask your Worker for more information. The Unwed Minor Parent and their child(ren) may still be eligible for AHCCCS Medical Assistance, Child Care and Jobs Program services when they are not eligible for Cash Assistance (CA) due to this policy.

## **Cash Assistance Grant Diversion**

Grant Diversion is one nonrecurring payment of three months of Cash Assistance. The Cash Assistance Grant Diversion payment cannot exceed the amount of Cash Assistance the household would be eligible for in the three-month period the Cash Assistance the Grant Diversion payment is intended to cover.

Grant Diversion is meant to eliminate the need for ongoing Cash Assistance for households who include an adult in the budget group who is likely to gain full-time employment within 90 days. The adult must be available for full-time employment and one of the following is true:

- Have Employment or Self-Employment History
- Have a full-time job offer, or
- Are likely to gain full-time employment in the immediate future, but are faced with an emergency financial need that is a barrier to obtaining or retaining employment.

## **The Two-Parent Employment Program (TPEP)**

The Two-Parent Employment Program (TPEP) is an employment program for financially needy two-parent families. TPEP will assist the family to meet its needs until the parents return to work. TPEP cash benefits are limited to six (6) months of payments in a twelve (12) month period. TPEP benefits are issued on a semi-monthly basis.

## **Kinship Care**

The Kinship Care program provides Cash Assistance to children only, who cannot live with their parents, but are living with a non-parent specified relative. These children are not under the jurisdiction of the Department of Child Safety. When the non-parent specified relative is included in the case to receive Cash Assistance benefits, the application is processed as a Cash Assistance application instead of Kinship Care. The household must pass the Family Needs Test to be able to get Cash Assistance in this situation.

## **Kinship Foster Care (KF)**

Kinship Foster Care is the legal name of the current foster care relative placement program administered by the Department of Child Safety (DCS). DCS staff will inform the Kinship Foster Care families of other services which they may potentially be eligible for. When the Kinship Foster Care family wants to apply for Cash Assistance for the children in their care, the DCS Case Specialist will provide the applicant with the FAA application or direct them to the HEAplus online application process.

## **Legal Permanent Guardian (LPG)**

When a Legal Permanent Guardian has been appointed by any court during a dependency hearing or dependency proceeding, the Legal Permanent Guardian meets the specified relative requirements to apply for the child(ren) only.

## **Tuberculosis Control**

Tuberculosis Control provides cash assistance to persons with tuberculosis.

## **Tribal Temporary Assistance for Needy Families (TANF) Programs**

Currently within the State of Arizona there are six tribes that provide Tribal Temporary Assistance for Needy Families (TANF) Programs and they are listed below. TANF eligibility for Tribal TANF households is determined by following the applicable Tribal TANF program policy. These Tribal TANF programs administer their own employment services programs. Households served by a Tribal TANF program receive services based upon work programs designed by the respective tribes to meet the unique needs of their tribal members. All Tribal TANF participants are required to participate in a work program, unless exempt.

Hopi Tribe	Navajo Nation	Pascua Yaqui Tribe	Salt River Pima-Maricopa Indian Community	San Carlos Apache Tribe	White Mountain Apache Tribe
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## **Tribes with Native Employment Works (NEW) Programs:**

Currently within the State of Arizona there are three tribes that administer Native Employment Works (NEW) program, and they are listed below. These NEW programs provide services to state TANF households that include enrolled members of their tribe. These households receive services based upon work programs designed by the respective tribes to meet the unique needs of their tribal members.

Gila River Indian Community	Tohono O'odham Tribe	Hualapai Tribe
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## How are My Benefits Given to Me?

Cash Assistance, Nutrition Assistance and Tuberculosis Control, are issued through the Electronic Benefit Transfer process. The benefits are transferred into an account in your name. You will be issued a debit card, called the Quest Card, shown to the right. You can use the Quest Card to withdraw your cash benefits from an Automatic Teller Machine (ATM) displaying the QUEST symbol or to purchase food with your Nutrition Assistance benefits.



You will select a Personal Identification Number (PIN) to access the benefits issued on the card. You are responsible for keeping the PIN private. You are responsible for your Electronic Benefit Card, Personal Identification Number (PIN) and the use of your Cash Assistance and Nutrition Assistance benefits. If your benefits are accessed through your or your representative's EBT card, the benefits will not be replaced. Benefits will not be considered for replacement until after they have been reported lost or stolen and will be limited to benefits remaining in your Electronic Benefit Transfer account as of the date of the report. Cash Assistance benefits are available at 5:00 a.m. on the first day of the month. After your initial month, Nutrition Assistance benefits will be made available by Electronic Benefit Transfer according to the schedule below.

Your last name starts with	EBT Benefits Available
A – B	1st day of the month
C – D	2nd day of the month
E – F	3rd day of the month
G – H	4th day of the month
I – J	5th day of the month
K – L	6th day of the month
M – N	7th day of the month

Your last name starts with	EBT Benefits Available
O – P	8th day of the month
Q – R	9th day of the month
S – T	10th day of the month
U – V	11th day of the month
W – X	12th day of the month
Y – Z	13th day of the month

## What Should I Do When I Have a Change to My Household?

### How to report changes to DES:

You may report changes in writing, in person, online, or by telephone to Customer Service at 1-855-HEA-PLUS (432-7582). Your approval letter will provide information on how you may contact us to report a change. Failure to report this change may result in a potential overpayment. You can now create a personal and secure account online to see information about your case or report a change 24 hours a day at [www.Healtharizonaplus.gov](http://www.Healtharizonaplus.gov) or [myfamilybenefits.azdes.gov](http://myfamilybenefits.azdes.gov).

## When to report changes to DES:

Cash and Nutrition Assistance – All required changes are to be reported no later than the 10th calendar day following the month the changes occur.

AHCCCS Medical Assistance – All changes must be reported within 10 calendar days from the day you know about the changes.

The following charts will help you remember some of the changes for each program you must report:

## Simplified Reporting Requirements

CHANGES THAT MUST BE REPORTED	
CASH ASSISTANCE	NUTRITION ASSISTANCE
When the total gross monthly income before deductions of all persons in your household exceeds 36% of the 1992 Federal Poverty Level (A1 Payment Standard). We will let you know in your approval letter what this amount is.	When the total gross monthly income before deductions of all persons in your household exceeds 130% of the Federal Poverty Level. We will let you know in the approval letter what this amount is.
When a dependent child moves out of the household or is removed by a government agency.	Report lottery/gambling winnings of \$4,250 or more, when won in a single game.
	An Abled Bodied Adult without Dependents (ABAWD) is someone 18 through 52 years of age, who is fit for employment, and does not have a child. ABAWD participants need to report when their work hours fall below 20 hours per week or an average of 80 hours per month.

Even though it is not required, it is recommended to tell us when you move so that you receive important letters regarding benefit changes and renewal time frames.

**NOTE:** Simplified Reporting Requirements do not apply to AHCCCS Medical Assistance.

## Standard Reporting Requirements

TYPES OF CHANGES TO REPORT	CA, TPEP	MA
<b>Address Change</b> Moved or relocated to another address	Yes	Yes
<b>Changes in Household Member(s)</b> Someone moved in or out of your household	Yes	Yes
<b>Changes in Marital Status</b> Any member of your household	No	Yes
<b>School Attendance (Ages 6 to 15)</b>	Yes	No
<b>School Attendance (16 years and older)</b>	No	Yes
<b>Dependent Care Expense (Childcare)</b>	No	No
<b>Housing Expense</b> When you have reported a change of address	Yes	No
<b>Income **</b> Earned income: Self-employment/work wages, etc. Unearned income: Child support, SSI, Retirement, Gift, etc.	Yes	Yes
<b>Resources</b> Examples of resource types, but not limited to: Savings, retirement account, 401K	Yes	No

## Employment Assistance (Jobs Program)

The Jobs Program provides services for Cash Assistance, Two-Parent Employment Program members, and others needing help to avoid dependence on public assistance. The Jobs Program will do the following for members:

Help individuals obtain and retain employment.

Provide individuals with opportunities to acquire marketable labor skills.

Provide necessary supportive services such as transportation, clothing, and tools to enable individuals to participate in the Jobs Program and to accept and keep a job.

## Child Care Assistance

Temporary Assistance for Needy Families Child Care Program assists families who are current or former Cash Assistance recipients with the cost of child care. Eligible applicants for Child Care Assistance must be participating in activities such as employment and participation in the Jobs Program.



## Guaranteed Child Care

Child Care assistance is available for Cash Assistance and Two-Parent Employment Program participants when child care is necessary to accept or keep employment or to participate in the Jobs Program. Child Care Assistance may pay all or part of your child care costs. You have the option of paying the cost of child care yourself and then claiming the amount as a deduction for purposes of computing your Cash Assistance benefit amount or having DES pay the child care provider directly. If DES Child Care Administration (CCA) pays child care costs on your behalf, you still have the option of claiming any additional out-of-pocket costs as a deduction for purposes of computing your AHCCCS Medical Assistance, Cash Assistance, and Nutrition Assistance benefit amounts. You may be eligible for other child care programs when you are no longer eligible for Cash Assistance.

## Transitional Child Care

Transitional Child Care helps your family make the transition from Cash Assistance to employment and self-sufficiency by paying part of your family's child care expenses. Families may receive Transitional Child Care for up to 24 months following the Cash Assistance closure date as long as income and all other eligibility requirements are met.

## Child Support Services

Individuals receiving Cash Assistance benefits are automatically referred to the DES Division of Child Support Services (DCSS). The DCSS program is a federal/state/local program that collects child support and medical support from parents who are legally obligated to pay it. DCSS program works with the AHCCCS, DES Nutrition Assistance, Cash Assistance, Vocational Rehabilitation, Jobs and child care programs to ensure that both custodial and noncustodial parents have the support they need to take steps toward their family's well-being and self-sufficiency.

### DCSS goals are:

To ensure that children are supported by their parents.

To foster family responsibility by offering services and resources to families that will help them become more self-reliant.

To reduce the costs of welfare to the taxpayer.

## Cooperating with Division of Child Support Services (DCSS)

Persons applying for the following benefits must cooperate with the requirements of the DCSS before approval of benefits will be done.

Cash Assistance  
*(Unless it is a case when only a child is eligible, and you are not included in the eligibility determination)*

Two-Parent  
Employment Program

While you are receiving Cash Assistance, collected child support is kept by the state to repay the assistance paid to the family.

Individuals receiving Cash Assistance benefits are automatically referred to DCSS. All other individuals must apply for services. There are several ways to obtain an application:

- Call the Interactive Voice System (IVR) at 602-252-4045 (Maricopa County) or Toll Free at 1-800-882-4151 to request an application which will be sent you by mail.
- Walk into the nearest DCSS office to pick up the application, you can find a list of offices online at <https://des.az.gov/find-your-local-office>.
- Download the Request for Title IV-D Child Support Services from the DES website <https://des.az.gov/documents-center?qt-content-tab=0> and mail it in.

## Your Rights

You have the right to ask for a Hearing when:

- Your right to apply for benefits has been denied
- Your application has been denied and you disagree with the reason
- DES/FAA did not act on your application within the correct time frames
- Your Nutrition Assistance, Cash Assistance and/or AHCCCS Medical Assistance benefits have been stopped
- Nutrition Assistance or Cash Assistance is reduced or withheld
- AHCCCS Medical Assistance has been reduced from full medical services to emergency services only
- You disagree with the amount of Nutrition Assistance and/or Cash Assistance benefits you are receiving
- You disagree with a Nutrition Assistance and/or Cash Assistance overpayment or you disagree with the amount of the overpayment
- You disagree that you are ineligible for Transitional Child Care, or
- You are no longer able to receive AHCCCS Medical Assistance and did not qualify for Transitional Medical Assistance

When you ask for a hearing you have the right to:

- Be represented by a lawyer or a person you have authorized
- Meet with us before your hearing to discuss your case (we may be able to fix the problem at the meeting)
- Get a copy of the law, rule, or policy that we used to make our decision
- Review, obtain, or copy portions of the case record necessary for proper presentation of your case
- Examine documents to be used by the state at the hearing
- Bring witnesses to the hearing
- Establish all pertinent facts and circumstances
- Present an argument without undue interference

- Question any testimony or evidence including the opportunity to confront or cross-examine adverse witnesses
- You disagree with an EBT retailer request a debit to your account
- Your request for an EBT credit is denied
- Present additional documents and testimony at the Hearing
- Have an interpreter furnished if you do not speak English, are deaf, or are mute. The Office of Administrative Hearings or Office of Appeals needs to be notified in writing at least 10 days in advance of the hearing date or your hearing may be delayed.

## Domestic Violence

Domestic Violence occurs when a family member or intimate partner physically or verbally abuses another family member or partner. This includes controlling and/or forcing the abused person to do things against his/her will. If working, looking for a job, going to school, or giving information about an absent parent might put you or your family in danger, you should discuss this with your Worker. There are special conditions for people who are abused by another in their household or by an intimate partner.

## Fraud Warning

It is fraud when anyone knowingly withholds information with the intent to receive or continue to receive Nutrition Assistance, Cash Assistance or AHCCCS Medical Assistance benefits for which you are not eligible. Anyone found guilty of fraud may be subject to fines, imprisonment or other penalties as provided by state and federal laws. You also must pay back to DES/FAA for any Nutrition Assistance, Cash Assistance, or AHCCCS Medical Assistance benefits you receive for which you or your household were not eligible.

## Quality Control

Federal regulations require that the quality and accuracy of actions taken by the Department of Economic Security/Family Assistance Administration staff be reviewed. Cases are randomly selected for quality control review. If your case is selected, you may be contacted to give us more information. If you are getting Medical, Cash or Nutrition Assistance benefits and you do not cooperate with the Quality Control review, your benefits or coverage may stop.

This document is for informational purposes only and is not meant to convey rights or privileges which exceed those provided by law or rules.

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](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)**

This institution is an equal opportunity provider.

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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.

Complaints of discrimination may also be filed with the:

Arizona Department of Economic Security  
Director's Office, 010A  
P. O. Box 6123  
Phoenix, Arizona 85005-6123

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Family Assistance Administration

## **NOTICE OF NON-DISCRIMINATION**

The Arizona Health Care Cost Containment System (AHCCCS) and the Department of Economic Security (DES) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. AHCCCS and DES do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AHCCCS and DES provide free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, and other formats). AHCCCS and DES provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Health-e-Arizona Plus Customer Support Center at 1-855-432-7587 (TTY: 711). Also, under the Food Stamp Act and USDA policy, DES is prohibited from discriminating on the basis of religion or political beliefs.

If you believe that AHCCCS or DES failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance. You can file a grievance in person or by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination.

Submit your AHCCCS grievance to: General Counsel, AHCCCS Administration, Office of Administrative Legal Services, MD 6200, 801 E. Jefferson, Phoenix, AZ 85034 Fax: (602) 253-9115 Email: [EqualAccess@azahcccs.gov](mailto:EqualAccess@azahcccs.gov). You can also file an AHCCCS civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights

Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail at

Office for Civil Rights, U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: (202) 368-1019 (voice), 800-368-1019 (toll-free), 800-537-7697 (TTY). Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov). Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

Submit your DES discrimination complaint/grievance to: Arizona Department of Economic Security, Office of Equal Opportunity, P.O. Box 6123, Mail Drop 1119, Phoenix, Arizona 85005-6123; or by fax: (602) 364-3982. Email: [OfficeofEqualOpportunity@azdes.gov](mailto:OfficeofEqualOpportunity@azdes.gov)

DHHS: Write DHHS, U.S. Department of Health and Human Services, Office for Civil Rights, 200 Independence Avenue, S.W., Room 509F, HHH Building, Washington, D. C. 20201 or call (202) 368-1019 (voice), (800) 368-1019 (toll-free) or (800) 537-7697 (TTY). Fax (202) 619- Form: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

Email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

USDA: You may complete the USDA Program Discrimination Complaint Form, found online at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, or at any USDA office. For help filling out the form, call: (833) 620-1071 (toll-free customer service) or (800) 877-8339 (relay voice users). You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at Food and Nutrition Service, USDA, 1320 Braddock Place, Room 334, Alexandria, VA 22314; fax: (833) 256-1665 or (202) 690-7442; or email: [FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov).







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DEPARTMENT OF ECONOMIC SECURITY

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*Your Partner For A Stronger Arizona*