



# TIME SAVING TIPS

*Help us help YOU  
reduce your wait time!*



**1**

When you are applying for or renewing your benefits please use the online application at [www.healthearizonaplus.gov](http://www.healthearizonaplus.gov) or call 1-855-432-7587.

**2**

When you need an interview please call 1-855-777-8590 for a phone interview.

**When doing your interview please have the following information available:**

**1) Proof of identity (one from list below) and for immigrant applicants (verification of alien status):**

**Visa          Driver's License**

**State Identification Card**

**Birth Certificate          US Passport**

**Other ID          Resident Alien Card**

**See page 11 for  
USDA/EOE/ADA disclosures**

***(Lawful Permanent Resident card, voter registration card, certificate of naturalization, employment authorization card, I-94 Refugee Travel Documents, etc.)***

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## **2) Earned Income:**

**Provide the earned income from the past 30 days or more from all employment sources, for all persons in the household. Proof includes:**

**A copy of pay stubs received in the past 30 days**

**A statement showing all:**

**Tips**

**Commissions**

**Bonuses**

**Overtime**

**Self-employment (*work for yourself, as an independent contractor, dictate your own hours, use your own tools.*) Provide all the Income for the past 12 months (unless the business has been operating for less than 12 months). Receipts for expenses (Cost of doing business) are needed.**

**A statement from employer or organization that shows the gross amount of income for the past 30 days**

**A statement from employer showing the normal range of hours worked, if the hours worked vary from pay-check to pay-check**

**Proof of terminated employment – must include the last day worked, last day paid, and the gross amount**

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**3) Proof of income (not from employment), for all persons in the household:**

**Social Security Award Letter  
Child Support (*check stubs, printout*)**

**Veteran's Administration Award Letters**

**Gifts or Loans being received**

**Federal Income Tax Return  
(*all addendums and Schedules*)**

**Worker's Compensation (*Award Letter and Check Stubs*)**

## **Temporarily Disabilities Insurance (TDI)**

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### **4) Proof of Arizona residency and housing costs:**

**Rent or Mortgage Receipts**

**Written explanation of any share housing costs**

***(Roommate, relatives, etc.)***

**Lease Agreement or statement from Landlord**

**Utility Bills *(gas, oil, electric, water, garbage, phone)***

**Homeowner's or Renter's Insurance**

**When renewing these are only needed if there has been a change since your last interview or Mid Approval Contact.**

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### **5) Medical Expenses when a person is 60 years or older or has a disability and monthly out of pocket expenses are more than \$35:**

**Prescriptions**

**Co Payments**

**Premium facilities**

**Insurance Receipts  
Medical Bills  
Mileage to Medical**

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**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.**

**Do you transport the child to or from the childcare location?**

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**7) Social security card, or proof that an application for one has been made and submitted.**

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**HELPFUL INFORMATION**

**8) Proof of disability:**

**Letter from Social Security**

**A completed letter from your doctor**

**Letter from Veterans Administration**

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**9) Proof of legal obligation and payment of court ordered child support:**

**Provide one item from each column:**

**Court order  
Division of  
Child Support  
Services  
(DCSS)**

**SSA Award  
Letters  
Cancelled  
Checks  
Money order  
copies**

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**Healthcare Marketplace:**

**1-800-318-2596 • [www.healthcare.gov](http://www.healthcare.gov)**

**Social Security Administration:**

**1-800-772-1213 •**

**[www.socialsecurity.gov](http://www.socialsecurity.gov)**

**TTY Number for the Social Security  
Administration: 1-800-325-0778**

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**For ANY questions regarding your case  
or help with your HEAplus Username 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...**

### **USERNAME:**

**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 Username”, and it’s good to create a unique Username that is easy for you to remember.**

**While we never recommend writing both your Username 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 Username for business interactions, we found the following ideas shared on various websites:**

- ✓ **Do not use the exact same Username on different website accounts.**
- ✓ **Remember the Username 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 Username 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 \_)**
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## **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 #:** \_\_\_\_\_

**Username:** \_\_\_\_\_

**QR Password:** \_\_\_\_\_

**NOTE: You are solely responsible for the use and proper protection of your Username 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.**

**The USDA is an equal opportunity provider and employer • DES/TANF Agencies are Equal Opportunity Employers/Programs • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Disponible en español en línea o en la oficina local.**