

REDETERMINATION

We processed a redetermination on your appeal received on _____ for the following programs:

AHCCCS Medical Assistance (MA)

Cash Assistance (CA)/Two-Parent Employment Program (TPEP)

Nutrition Assistance (NA)

Refugee Cash Assistance (RCA)

Tuberculosis Control (TC)

OUR DECISION BASED ON THIS REVIEW

The following actions were taken on your case:

Starting _____ you are eligible for _____. For the next month you are eligible for _____ and for ongoing months you are eligible for _____.

This notice allows for new appeals rights. If your Appeals decision was for Nutrition Assistance you have 90 days to file a new appeal to this determination. For Cash Assistance and Medical Assistance, you have 35 days to file a new appeal to this determination.

NOTE: If your benefits were continued for the program(s) listed pending the redetermination, you may have to repay the benefits which you received if you were not entitled to receive the benefits. We will send you a separate notice if you must repay benefits.

WHO TO CONTACT IF YOU HAVE QUESTIONS

Call us at (602) 774-9279. You can call us Monday to Friday, 8:00 a.m. to 5:00 p.m. The TTY/TDD number for the hearing impaired is 7-1-1.

IMPORTANT – REPORTING CHANGES

CA Simplified Reporting – You must report when the total gross income of all persons getting CA in your household totals more than \$ _____.

CA Standard Reporting – You must report changes in income, resources, residence, the birth/death of a household member, and when persons move into or out of your home.

NA Simplified Reporting – You must report when the total gross income of all persons getting NA in your household totals more than \$ _____. Gross income is the amount of your income before any deductions. When you are an able-bodied adult between the ages of 18 and 49 with no dependent children, you must report if your work hours are decreased below 80 hours per month.

NA Standard Reporting – You must report changes in income, resources, residence, the birth/death of a household member, and when persons move into or out of your home.

MA Standard Reporting – Changed must be reported as soon as the future event becomes known. Unanticipated changes must be reported within ten calendar days from the date the change occurred.

HOW TO REPORT CHANGES

- Call Monday – Friday, 7:30 a.m. to 5:00 p.m. at 1 (855) 432-7587.
- The TTY/TDD number for the hearing impaired is 7-1-1.
- Online at www.healthearizonaplus.gov or myfamilybenefits.azdes.gov.
- Mail your change report to P.O. BOX 19009, Phoenix, AZ 85005.
- Fax your change report to (602) 257-7031 or toll free to (844) 680-9840.

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.