

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 healtharizonaplus.gov.

2 When you need an interview please call 1-855-777-8590 for a phone interview or visit your nearest office.

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

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

2) Proof of Employment Income:

All income from all employment sources for all members in the budgetary unit, for the last 30 days or more. Proof includes and is not limited to the following:

Copies of all paycheck stubs	Proof of terminated employment – must include the last day worked, last day paid, the gross amount, and severance pay, if applicable.
A statement showing all: Tips (<i>a log of tips not on check stubs</i>) Commissions Bonuses Overtime	A statement from the employer or organization that shows the gross amount of income and hours worked for each pay day in the past 30 days. The statement must include whether the gross income includes any of the following: overtime, tips, bonuses, commissions, incentives, differentials, or other payments.

Note: If the gross earnings that any household member got in the past thirty days is **not** what the person expects to continue to be paid, **you must** give us **proof** of the gross income the person expects to get.

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 or income for all months when the business has been operating for less than 12 months. Receipts for expenses (*Cost of doing business*) are needed.

3) Proof of income (*not from employment*), for all members in the budgetary unit:

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)
Unemployment Insurance (UI)

4) Proof of Arizona residency and housing costs:

Rent or Mortgage Receipts
Written explanation of any shared housing costs from the person(s) sharing the cost.
Lease Agreement or statement from Landlord
Utility Bills (*gas, oil, electric, water, garbage, phone*)
Homeowner's or Renter's Insurance

5) Medical Expenses for a person who is aged 60 or older or has a disability and monthly out of pocket medical expenses are more than \$35:

Prescriptions
Co Payments
Premiums (*Medicare, health insurance, etc.*)
Insurance Receipts
Medical Bills
Mileage to Medical

6) Proof of who lives in the home:

Lease agreement or statement from the landlord.
Statement from a non-relative not living in the home.
When there is person(s) in the home buying and cooking separately, a statement from them is needed.

7) Proof of childcare expenses for the past 30 days when someone cares for your children while you work. Do you transport the child to or from the childcare location?

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

Cash and Nutrition Assistance allows certain household expenses to be deducted when determining your benefit amount when the expense is reported and verified. These may include rent or mortgage payments, property taxes, homeowner's insurance, utility costs, dependent care expenses, and legally obligated child support paid by a household member. Medical expenses over \$35 per month may be deducted when a household member is elderly (age 60 or older) or has a disability and is applying for benefits. A reported expense must be verified for the agency to use the expense as a deduction in your case.

Helpful Information

9) **Proof of disability:** Letter from Social Security Statement from your doctor Letter from Veterans Admin.

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

Provide one item from each column:

Court order	SSA Award Letters
Division of Child Support Services (DCSS)	Cancelled Checks
	Money order copies

Healthcare Marketplace: 1-800-318-2596 • healthcare.gov
Social Security Administration: 1-800-772-1213 • socialsecurity.gov
TTY Number for the Social Security Administration: 1-800-325-0778

For any questions regarding your case or help with your HEAplus Username or Password, please call 1-855-432-7587 or visit your nearest office. You can Apply for Benefits or Report Changes at: healtharizonaplus.gov

Creating Your...

Username:

When applying for benefits through HEAplus, you will enter 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 _)

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 blank spaces.

Important

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

Application ID #: _____ Case #: _____

Username: _____ or 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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., braille, large print, audiotope, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, Program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** USDA Food and Nutrition Service, 1320 Braddock Place, Room 334 Alexandria, VA 22314; or
2. **Email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

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.