

SPONSOR DEEMING INFORMATION

Client's Name: _____

AZTECS Case No.: _____ HEA ID: _____

Instructions: Use this form to determine if sponsor deeming rules will be used for your application.

The United States Citizenship and Immigration Services (USCIS) has verified that you were granted Lawful Permanent Resident status in the United States because your sponsor signed an Affidavit of Support Form I-864 agreeing to provide you with financial support. Therefore, some of your sponsor's income must be counted when we determine your eligibility for AHCCCS Health Insurance. For ALTCS only, sponsor's resources will be counted. This process is called "sponsor deeming".

However, you may be exempt from sponsor deeming if you:

- Are indigent;
- Are a victim, or the parent or child of a victim of domestic violence or extreme cruelty; or
- Can be credited with 40 qualifying quarters of work

INDIGENT EXCEPTION

You are considered indigent if you meet the criteria below:

- For Medical Assistance: your income is equal to or less than 100% of the Federal Poverty Level (FPL) based on your family size.
- For Cash Assistance: your income is equal to or less than 36% of the 1992 Federal Poverty Level (FPL) based on your family size.
- For Nutrition Assistance: your income is equal to or less than 185% of the current Federal Poverty Level (FPL) based on your family size.

Please provide the following information so that we can determine if you qualify for an indigent exception.	Yes	No
A. Are you living with your sponsor?		
B. Do you receive free room and board from your sponsor or anyone else?		
C. Does anyone pay all or a portion of your rent?		
If yes, what is the monthly amount of rent that is paid to you?		
D. Does anyone pay all or a portion of your utility bills (electric, gas, water)?		
If yes, what is the monthly amount of utility bills that are paid for you?		
E. Does anyone give you free food or pay all or a portion of your food bills?		
If yes, what is the monthly value of the food that is paid for by someone else?		
F. How much money did your sponsor give you last month?		
Do you expect this amount every month?		
If no, explain:		

EXCEPTION FOR VICTIM OF DOMESTIC VIOLENCE OR EXTREME CRUELTY

If you want to request this exception from sponsor deeming, provide the information and documentation requested below. If you qualify for this exception, we will not deem your sponsor's income or resources for 12 months.	Yes	No
A. Are you a victim of domestic violence or extreme cruelty?		
B. Are you the parent of a battered child?		
C. Are you the child of a battered parent?		
If you answered yes to any of the above questions, please provide the following:		
• Name of the victim:		
• Relationship of the victim to you:		

	Yes	No
• Where did the battery or extreme cruelty occur (City, County)?		
• Did the victim and abuser live in the same household when the domestic violence occurred?		
• Do the victim and abuser live in the same household now?		

Attach proof of the domestic violence or extreme cruelty. Proof may include but is not limited to: INS Form I-360, INS Form I-797; police reports, court records, order of protection, medical records, reports from school officials, social workers or a battered women’s shelter.

PERMANENT EXEMPTION BASED ON 40 OR MORE QUALIFYING QUARTERS OF WORK

The Social Security Administration keeps records of the number of qualifying quarters that each person earns based on wages or self-employment earnings. We count all of your qualifying quarters and we may also be able to count qualifying quarters earned by your parent(s) or stepparent when you were under age 18 and/or qualifying quarters earned by your spouse.

To request this exemption, provide the following information:		Yes	No
A. Have you been employed or self-employed while living in the United States?			
B. Have you received benefits from any of the following programs since January 1, 1997: Supplemental Security Income (SSI), Medicaid, Nutrition Assistance, or Cash Assistance?			
What dates? From: _____ to: _____			
C. Do you have a spouse who was employed or self-employed in the United States?			
If yes, please provide the following information so we can request proof of qualifying quarters from Social Security:			
Spouse’s Name: _____			
Spouse’s Social Security Number: _____		Spouse’s date of birth: _____	
Are you legally married?			
○ If <i>legally</i> married, answer these questions: Date of marriage: _____ Is this spouse deceased? Yes No			
○ If <i>not legally</i> married, answer these questions: What date (month / year) did you begin living together as a married couple? Divorced? Yes No Are you currently living together? Yes No If no, what date (month / year) did you stop living together?			
D. Do you have a parent or step-parent that was employed or self-employed in the United States when you were under age 18?			
If yes, provide the following information for each parent or stepparent so we can request proof of qualifying quarters from Social Security:			
Name	Social Security No.	Relationship to you	
Date of Birth: _____		Parent (Natural or adoptive) Stepparent – Date of marriage to your parent: Or if no marriage, dates your stepparent lived with your parent: From _____ to _____	
Date of Birth: _____		Parent (Natural or adoptive) Stepparent – Date of marriage to your parent: Or if no marriage, dates your stepparent lived with your parent: From _____ to _____	
Date of Birth: _____		Parent (Natural or adoptive) Stepparent – Date of marriage to your parent: Or if no marriage, dates your stepparent lived with your parent: From _____ to _____	

Provide documentation of annual earnings for yourself and for each of the persons you listed above. Anyone may obtain a year-by-year history of his or her earnings from the Social Security Administration by completing Form SSA-7004. SSA will respond within 4-6 weeks of receiving the request. Anyone may:

- Submit a request on-line at <https://secure.ssa.gov/RIL/SiView.action>; or
- Mail a completed SSA-7004 to the Social Security Administration, Wilkes Barre Data Operations Center, P.O. Box 7004, Wilkes Barre, PA 18767-7004. You may download copies of this form and the form instructions from <https://www.ssa.gov/myaccount/materials/pdfs/SSA-7004.pdf>, or ask your Worker for a copy of this form.

You may also provide wage stubs, W-2s, employer's statements or income tax forms to verify employment earnings history.

SPONSOR DEEMING INFORMATION

Unless you qualify for one of the exemptions from sponsor deeming described on this form, you must provide documentation verifying the income (and resources for ALTCS) of:

- Your sponsor; and
- Your sponsor's spouse (if your sponsor lives with his or her spouse).

Please provide the following information about your sponsor and his or her household members:

Sponsor's Name: _____

Sponsor's Social Security No.: _____ Sponsor's Phone No.: _____

Sponsor's Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____

Is your sponsor married? Yes No If married, does your sponsor live with his or her spouse? Yes No

Sponsor's Spouse's Name: _____

Please provide the following information about dependent children who live with your sponsor:

Name of Child	Date of Birth	Relationship to Sponsor:		
		Son/daughter	Stepson/stepdaughter	Other:
		Son/daughter	Stepson/stepdaughter	Other:
		Son/daughter	Stepson/stepdaughter	Other:
		Son/daughter	Stepson/stepdaughter	Other:
		Son/daughter	Stepson/stepdaughter	Other:

Printed Name of Customer or Authorized Representative: _____

Signature of Customer or Authorized Representative: _____ Date: _____

Printed Name of Witness: _____
(Only needed if customer signed with mark)

Signature of Witness: _____ Date: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: <https://www.usda.gov/oascr/program-discrimination-complaint-filing> , 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: U.S. Department of Agriculture
Director, Center for Civil Rights Enforcement
1400 Independence Avenue, SW Washington,
D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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.