ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

HARDSHIP REDUCTION REQUEST

TO: 791A DDD **DES Account No.** _____

1. Member's Name *(Last, First, M.I.)* _____

Phone No. *(With area code)* _____ Date of Birth _____

Member's Address *(No., Street)* _____

City _____ State _____ ZIP Code _____

2. Responsible Person's Name *(When different than above)* _____

Phone No. *(With area code)* _____ ☐ Parent of Minor ☐ Legal Guardian

Responsible Person's Address *(No., Street)* _____

City _____ State _____ ZIP Code _____

3. Representative Payee's Name *(When different than either name above)* _____

Phone No. *(With area code)* _____

Representative Payee's Address *(No., Street) (When different than above)* _____

City _____ State _____ ZIP Code _____

4. Monthly Income Source *(Check all applicable boxes)*

☐ SSI Amt. $ _____ ☐ SSA Amt. $ _____ ☐ VA Amt. $ _____ ☐ Earnings Amt. $ _____

☐ Self Employment Amt. $ _____ ☐ Other: _____ Amt. $ _____

Total Annual Gross Income $ _____ Current Resource/Savings Balance $ _____

Amount of Hardship Request $ _____ Medicare Advantage Plan ☐ Yes ☐ No

5. Hardship Reason

☐ Medicare Part D prescription drug co-payments. ☐ Court ordered fees for restitution, child or spousal support.

☐ Prepaid burial or cremation plan. ☐ Extraordinary circumstance related to health and safety.

☐ Services provided by and items prescribed by a licensed health care professional.

6. List the Verification Attached

Additional Comments

Attach a current copy of the following:	**RETURN COMPLETED FORM WITH VERIFICATION TO:**
1. Individual Spending Plan 2. Documentation to support the requested hardship reason 3. Member's, family member's or organization's contributions *(include applications or letters of denial showing attempts for additional assistance)*	DES/DDD Business Operations P.O. Box 6123, Mail Drop 2HC2 Phoenix, Arizona 85005 FAX: 602-542-3396. E-mail: DDDCORRBHSBilling@azdes.gov

7. Member's/Representative's Signature _____ Date _____

See reverse for EOE/ADA disclosures

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1-844-770-9500; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local