

TREATMENT CENTER MONTHLY ROSTER

Center's Name: _____ Center's Phone No.: _____ Date of Report: _____

Center's Address: _____

Authorized Representative's Name: _____ Signature: _____

PARTICIPANT'S NAME AND DATE OF BIRTH	DATE RESIDENT ENTERED CENTER	CURRENT NA BENEFIT STATUS	AZTECS CASE NO. <i>(If known)</i>	DATE OF APPLICATION OR CHANGE REPORT SUBMITTED
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Instructions for completing the Treatment Center Monthly Roster

IMPORTANT: When a rehabilitation center has more than one location, a separate FAA-0620C form must be submitted for each location individually.

A. Purpose: For the rehabilitation center's Nutrition Assistance (NA) Representative to submit monthly verifying residents that are currently receiving treatment at the facility.

B. Complete all applicable sections

1. Participant's name and date of birth.

2. The date the participant entered treatment.

3. Current NA benefit status.

A. Pending – NA application submitted, pending benefit approval.

B. Approved – NA application submitted; benefits approved.

C. Receiving upon entry – NA application submitted and approved prior to entering treatment.

4. AZTECS case number, when known.

5. Date of Application or Change Report submitted.

A. Date of Appl – Date the center NA Representative submitted a new application for the participant who was not receiving NA benefits upon entering treatment.

B. Date Change Report submitted – Date the center NA Representative submitted a change report for the participant who was already receiving NA benefits upon entering treatment.

NOTE: The Treatment Center Change Report (FAA-0620A) form does not replace the requirement to submit applications and change reports, on behalf of the participant, to the Family Assistance Administration (FAA). Applications and change reports need to be submitted to FAA through one of the following ways:

- o In person at any FAA office
- o By mailing it to DES FAA P.O. Box 19009 Phoenix, AZ 85005-9009
- o By Fax to
 - (602) 257-7031 (Area codes 602, 480, and 623)
 - (844) 680-9840 (Toll Free from any other are code)
- o Online through HEAplus at <http://www.healthearizonaplus.gov>.
- o Over the phone by calling the centralized Customer Care Center for HEAplus, AHCCCS and FAA at (855) 432-7587.
- o Online through MFB at <https://myfamilybenefits.azdes.gov/Home.aspx>.
- o Community Outreach Programs

6. Routing: The center will email a copy to faaauthorizedinstitutions@azdes.gov.

7. Retention: The center retains the original for two years.

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