

Arizona Department of  
Economic Security  
Family Assistance  
Administration

**Your Rights and  
Responsibilities**

You have the right to request a copy of the Rights and Responsibilities.

**Complete the Offer of  
Voter Registration.**

- **If you believe  
that someone has  
interfered with:**

See pages 18-22 for USDA/  
EOE/ADA disclosures

- Your rights to register to vote or to decline to register to vote,
  - Your right to privacy in deciding whether to register to vote or in applying to register to vote,
  - Your right to choose your own political party or other political preference.
- **You may file a complaint with:**  
State Election Director  
Secretary of State's  
Office

1700 West Washington  
Phoenix, Arizona 85007  
(602) 542-8683

## **Appeal Process**

- When you do not agree with any of the decisions the agency has made in determining your benefit eligibility, you have the right to file for an appeal, verbally or in writing. Time frames to file an appeal starts with the date the eligibility notice is mailed. The time allotted to file is 30 calendar days for

Cash Assistance (CA),  
35 calendar days for  
Medical Assistance (MA),  
90 calendar days for  
Nutrition Assistance (NA),  
and 15 days for an EBT  
Transaction Adjustment.

## **First Contact Resolution**

- When you can provide all the necessary documents and the agency is able to obtain all mandatory information needed to determine your benefits at the interview, your case may be completed the same day.

# **Quality Control Process**

- Cooperating with Quality Control review, when contacted, is a federal requirement. Refusal to cooperate may result in closure of your case. The Quality Control Review is to determine the accuracy of the decision made on your case and to ensure you were issued the correct amount of benefits.

# **Electronic Benefits Transfer (EBT)**

- One free EBT replacement card may be issued per calendar year. A charge of \$5.00 for each additional EBT replacement card will be taken out of your NA Benefits. When you or your EBT alternate card holder requests a fourth replacement EBT card within a 12-month period, you will be sent a notice advising you that FAA will be monitoring

your EBT transactions for fraud or trafficking. When suspected of fraud or trafficking your case is referred to the Office of Inspector General, Trafficking Detection Unit.

## **Penalties for Trafficking, Fraud and/or Misrepresentation or Intentional Program Violation:**

- There are penalties for trafficking, fraud, misrepresentation, and intentional program violation, which includes,

but are not limited to, criminal prosecution, fines, imprisonment, or other penalties provided by state and federal law.



# Reporting Changes

- **Timeframes:**

## **CA/NA**

- Changes must be reported no later than the 10th day of the month following the month the change occurred.

## **Medical Assistance**

- Changes 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.

- **What to Report for Simplified Reporting: Nutrition Assistance**

- Any change which causes the gross monthly income of all participants included in the household to exceed 130% of the federal poverty level, must be reported.

These changes must be reported no later than the 10th calendar

day of the month  
following the month  
the change occurred.

The 130% Gross  
Monthly Income Chart  
is Effective October 1,  
2024 to September 30,  
2025.

<b>Budget unit size</b>	<b>NA Gross Income</b>
1	\$1,632
2	\$2,215
3	\$2,798
4	\$3,380
5	\$3,963
6	\$4,546
7	\$5,129
8	\$5,712
Each Additional Member	\$583

- Able Bodied Adults Without Dependents (ABAWDs) must report a reduction in their work hours below 80 per month. This requirement also applies to households containing members who would be considered ABAWDs and subject to the three-month time limit if they did not have a work exemption.
- As part of the change reporting requirements,

all households must report when any household member receives lottery or gambling winnings of \$4,500 or more in a single game.

***Note:*** *Even though it is not required, it is recommended to tell us when you move so that you receive important letters regarding benefit changes and renewal time frame.*

## **Cash Assistance**

- When a dependent child moves out of the home or is removed by a government agency.
- Any change which causes the gross monthly income of all participants included in the household to exceed 36% of the 1992 FPL (A1 payment standard), must be reported. These changes must be reported no later than the 10th calendar day

of the month following  
the month the change  
occurred.

<b>Budget unit size</b>	<b>Gross Income</b>
1	\$204
2	\$275
3	\$347
4	\$418
5	\$489
6	\$561
7	\$632
8	\$703
9	\$775
10	\$846



***Note:*** *Even though it is not required, it is recommended to tell us when you move so that you receive important letters regarding benefit changes and renewal time frame.*

- **What to Report for Standard Reporting: CA TPEP and Medical Assistance**
  - You must report changes in address, gross income, household members (moving in or out), etc.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in

sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

**1. mail:**

Food and Nutrition  
Service, USDA

1320 Braddock Place,  
Room 334

Alexandria, VA 22314; or

**2. fax:**

(833) 256-1665 or

(202) 690-7442; or

**3. email:**

[FNSCIVILRIGHTS](mailto:FNSCIVILRIGHTS@usda.gov)

[COMPLAINTS@usda.gov](mailto:COMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

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