

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 www.healtharizonaplus.gov or call 1-855-432-7587.

2 When you need an interview please call 1-855-777-8590 for a phone interview.

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
 Birth Certificate
 Driver's License
 US Passport
 State Identification Card
 Other ID

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

2) Earned Income:

Provide the earned income from the past 30 days or more from all employment sources, for all persons in the household.

Proof includes:

A copy of pay stubs received in the past 30 days

A statement showing all:

Tips
 Commissions
 Bonuses
 Overtime

A statement from employer or organization that shows the gross amount of income for the past 30 days

A statement from employer showing the normal range of hours worked, if the hours worked vary from pay-check to pay-check

Proof of terminated employment – must include the last day worked, last day paid, and the gross amount

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 (unless 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 persons in the household:

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)

4) Proof of Arizona residency and housing costs:

Rent or Mortgage Receipts
 Written explanation of any share housing costs
 (*Roommate, relatives, etc.*)
 Lease Agreement or statement from Landlord
 Utility Bills (*gas, oil, electric, water, garbage, phone*)
 Homeowner's or Renter's Insurance

When renewing these are only needed if there has been a change since your last interview or Mid Approval Contact.

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

Prescriptions
 Co Payments
 Premium facilities
 Insurance Receipts
 Medical Bills
 Mileage to Medical

6) If you have someone else caring for your child while you work, proof of childcare costs for each child for the past 30 days.

Do you transport the child to or from the childcare location?

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

HELPFUL INFORMATION

8) Proof of disability: Letter from Social Security A completed letter from your doctor Letter from Veterans Admin.

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

Provide one item from each column:

Court order
 Division of Child Support
 Services (DCSS)

SSA Award Letters
 Cancelled Checks
 Money order copies

Healthcare Marketplace: 1-800-318-2596 • www.healthcare.gov

Social Security Administration: 1-800-772-1213 • www.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.

You can Apply for Benefits or Report Changes at: www.healtharizonaplus.gov

See reverse for USDA/EOE/ADA disclosures

CREATING YOUR...

USERNAME:

When applying for benefits through HEAplus, you will enter in 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 blanks spaces.

IMPORTANT

If you choose to write your information into the blank spaces below, 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.

This institution is an equal opportunity provider.

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