REQUEST FOR APPLICATION FOR ARIZONA LONG TERM CARE SERVICES

To start the application process, complete this form and return using one of the methods found on page 4 of this Request for an Application.

Customer Information

Customer's Name (Last, First, Middle)	Customer's Date of Birth	
Customer's Social Security Number	☐ Male ☐ Female	
Marital Status ☐ Never Married ☐ Married (including separated if not legally divorced) ☐ Divorced ☐ Widowed Date of spouse's death: _____		
Spouse's Name (Last, First, Middle)	Spouse's Date of Birth	
Spouse's Social Security Number (optional if not applying)		
Customer's Home Address		
City	State	Zip Code
Customer's Mailing Address (if different from home address)		
City	State	Zip Code
Phone Number	E-Mail Address	

Authorized Representative and Legal Guardian/Conservator Information

Name of the Customer's Authorized Representative	Relationship to Customer	
Name of the Customer's Legal Guardian/Conservator	Relationship to Customer	
Authorized Representative's Mailing Address		
City	State	Zip Code
Phone Number	E-Mail Address	
Legal Guardian's/Conservator's Mailing Address		
City	State	Zip Code
Phone Number	E-Mail Address	

Customer's Current Living Arrangement

Where is the customer currently residing? ☐ Hospital ☐ Nursing Facility ☐ At Home ☐ Other: _____		Expected Date of Discharge
Name of the Hospital, Assisted Living or Nursing Facility		Phone Number
Hospital, Assisted Living, or Nursing Facility Address		
City	State	Zip Code

Accommodations for Printed Letters

Does the customer, authorized representative, or legal guardian have a visual impairment that requires an alternative format for printed letters?
☐ No ☐ Yes If yes, who needs the accommodation:

If yes, what kind of alternative format do you need? Please choose one option:

☐ Readable PDF sent by secure email
☐ Large print: larger print letters sent by U.S. mail will be provided Arial 24 point font.
☐ Other:

Additional Questions

Does the customer need help paying for medical expenses from the last three months?	☐ Yes ☐ No If yes, what months? _____, _____, _____
Is the customer needing helping with medical expenses pregnant or had a pregnancy end in the last 5 months?	☐ Yes ☐ No
Is the customer receiving services from the DES Division of Developmental Disabilities?	☐ Yes ☐ No If yes, date services began: _____
Prior to the age of 18 was the customer **diagnosed** with any of the following medical conditions? Check all that apply.	☐ Autism ☐ Cerebral Palsy ☐ Intellectual/Cognitive Disability ☐ Seizure Disorder
If the customer is under age of 6, has the customer been **diagnosed** with Developmental Delay?	☐ Yes ☐ No
Is the customer a trustor, trustee, or beneficiary of any type of trust?	☐ Yes ☐ No
Has the customer sold, traded, transferred, or given away any assets within the last five years?	☐ Yes ☐ No

Interview Information: An interview is required to complete the ALTCS application process. The customer is not required to attend the financial interview if the legal guardian/conservator or authorized representative completes the interview for the applicant.

What are the best days and times for you to complete the interview?
☐ Monday Time: _____
☐ Tuesday Time: _____
☐ Wednesday Time: _____

☐ Thursday Time: _____ ☐ Friday Time: _____	
Does the person completing the interview need an interpreter? ☐ Yes ☐ No	If yes, what language? _____
In case a home visit is needed, please provide the following information: Address or location for home visit (if the home is in a rural area, please attach a map) _____ Major crossroads _____	

HOW WE WILL USE YOUR INFORMATION

The following information describes how your personal information will be used by Health-e-Arizona Plus, AHCCCS, DES, and their contractors.

- We will use your information, including Social Security number, to computer match with financial institutions, state, local, and federal agencies and our other programs to verify information. Income and verification systems such as the Social Security Administration, State Unemployment Insurance and State Wage may be used. This information may affect eligibility and benefit level.
- Applying and providing information is voluntary, but some information is required to make a determination. For example, you must provide or apply for a Social Security number for every applicant. (Immigrants who are not legally able to obtain a Social Security number are not required to provide one.) Therefore, if personal information is not provided, you may not be eligible for benefits.

Name of Person Completing Form	Phone Number

The person completing this form is the:

☐ Customer
☐ Spouse of the customer
☐ Parent of the customer (if the customer is a minor)

If one of the boxes above is checked, the person completing this form must:

- check the box below; and
- sign this form below.

If one of the boxes above is **NOT** checked, the person completing this form may:

- complete an Authorized Representative form found at: https://www.azahcccs.gov/Members/GetCovered/apply.html;
- attach the completed Authorized Representative form with this request for an application;
- check the box below; and
- sign this form below.

A request for an application may be returned without the completed authorized representative form, checking the box below and signing below, but may cause the application process to take more time.

☐ I agree to allow you to check information sources and use it for this application.

Signature	Date

AHCCCS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Return the completed request for an application using one of the methods below:

Mail:
Centralized Support Unit
801 East Jefferson MD 3900
Phoenix, Arizona 85034

Fax:
1-888-507-3313

Take to a local ALTCS office:

CASA GRANDE
201 E Cottonwood Lane
Suite 2
Casa Grande, Arizona 85122
Phone: 520-421-1500
Toll Free: 1-855-277-0260

CHINLE
Tseyi Shopping Center, Hwy 191
Chinle, Arizona, 86503
Phone: 928-674-5439
Toll Free:1-888-800-3804

COTTONWOOD
1500 E. Cherry Street
Suite I
Cottonwood, Arizona 86326
Phone: 928-634-8101
Toll Free: 1-855-873-0393

FLAGSTAFF
2717 North Fourth Street,
Suite 130
Flagstaff, Arizona 86004
Phone: 928-527-4104
Toll Free: 1-800-540-5042

KINGMAN
519 East Beale Street
Suite 130
Kingman, Arizona 86401
Phone: 928-753-2828
Toll Free: 1-888-300-8348

PHOENIX
801 East Jefferson
Phoenix, Arizona 85034
Phone: 602-417-6600

PRESCOTT
3262 Bob Drive
Suite 11
Prescott Valley, Arizona 86314
Phone: 928-778-3968
Toll Free: 1-888-778-5600

TUCSON
1010 North Finance Center Drive
Suite 201
Tucson, Arizona 85710
Phone: 520-205-8600
Toll Free: 1-800-824-2656

YUMA
3850 West 16th Street
Suite A
Yuma, Arizona 85364
Phone: 928-782-0776
Toll Free: 1-855-419-6527