

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Family Assistance Administration
 Arizona Health Care Cost Containment System (AHCCCS)

APPLICATION FOR BENEFITS ADDENDUM

Name (Last, First, Middle): _____ Soc. Sec. No.: _____

Complete the following section if you need additional space to list everyone that lives with you.

Name Last, First, M.I. (List name as shown on SSN card)	Applying for?					Relationship to Main Contact (1.on the application)	Marital Status (never married, married, legally separated, divorced, or widowed)	Date of Birth	Social Security Number (If not applying, optional)	Gender M=Male F=Female
	Help with Health Insurance	Help with Medicare costs	Nutrition Assistance	Cash Assistance	Tuberculosis Control					
7.										
8.										
9.										
10.										
11.										
12.										

CITIZENSHIP INFORMATION:

Complete ONLY for each person applying. If a person is not applying for benefits, skip this section for that particular person. For those applying, you may need to provide proof of citizenship. State agencies must use the Systematic Alien Verification and Eligibility (SAVE) system. The alien status of persons requesting benefits may be subject to verification by USCIS through the submission of information from the application to USCIS. The information received from USCIS may affect the household's eligibility and benefit amount.

Is **PERSON 7** a U.S. citizen or U.S. national? (see page F for more information)

Yes No Choose not to answer

If PERSON 7 is NOT a U.S. Citizen, what is their immigration status?

- | | | |
|---|--------------------------------|--------------------------------|
| Lawful Permanent Resident | Lawful Temporary Resident | Remove/Suspension of |
| Asylee | Refugee | Deportation |
| Special Immigrant Juvenile | Battered Spouse, Child, Parent | Paroled into United States |
| Status Applicant | Victim of Trafficking | Order of Supervision |
| Deferred Action Status | Withholding of Deportation | Citizen of Republic of the |
| Legalization under LIFE Act | Conditional Entrant granted | Marshall Islands |
| Legalization under IRCA Act | before 1980 | Citizen of Federated States of |
| Applicant for Asylum, LPR or | Cuban-Haitian Entrant | Micronesia |
| Withholding Deportation | | Citizen of Republic of Palau |
| I do not want to provide this information | | Other: _____ |

What immigration document does PERSON 7 have?

Permanent Resident Card I- 94 Visa Foreign Passport None

Other: _____ Immigration Document Number: _____

Has PERSON 7 lived in the U.S. since August 22, 1996? Yes No

Is **PERSON 8** a U.S. citizen or U.S. national? (see page F for more information)

Yes No Choose not to answer

If PERSON 8 is NOT a U.S. Citizen, what is their immigration status?

- | | | |
|---|--------------------------------|--------------------------------|
| Lawful Permanent Resident | Lawful Temporary Resident | Remove/Suspension of |
| Asylee | Refugee | Deportation |
| Special Immigrant Juvenile | Battered Spouse, Child, Parent | Paroled into United States |
| Status Applicant | Victim of Trafficking | Order of Supervision |
| Deferred Action Status | Withholding of Deportation | Citizen of Republic of the |
| Legalization under LIFE Act | Conditional Entrant granted | Marshall Islands |
| Legalization under IRCA Act | before 1980 | Citizen of Federated States of |
| Applicant for Asylum, LPR or | Cuban-Haitian Entrant | Micronesia |
| Withholding Deportation | | Citizen of Republic of Palau |
| I do not want to provide this information | | Other: _____ |

What immigration document does PERSON 8 have?

Permanent Resident Card I- 94 Visa Foreign Passport None

Other: _____ Immigration Document Number: _____

Has PERSON 8 lived in the U.S. since August 22, 1996? Yes No

Is **PERSON 9** a U.S. citizen or U.S. national? (see page F for more information)

Yes No Choose not to answer

If PERSON 9 is NOT a U.S. Citizen, what is their immigration status?

- | | | |
|---|--------------------------------|--------------------------------|
| Lawful Permanent Resident | Lawful Temporary Resident | Remove/Suspension of |
| Asylee | Refugee | Deportation |
| Special Immigrant Juvenile | Battered Spouse, Child, Parent | Paroled into United States |
| Status Applicant | Victim of Trafficking | Order of Supervision |
| Deferred Action Status | Withholding of Deportation | Citizen of Republic of the |
| Legalization under LIFE Act | Conditional Entrant granted | Marshall Islands |
| Legalization under IRCA Act | before 1980 | Citizen of Federated States of |
| Applicant for Asylum, LPR or | Cuban-Haitian Entrant | Micronesia |
| Withholding Deportation | | Citizen of Republic of Palau |
| I do not want to provide this information | | Other: _____ |

What immigration document does PERSON 9 have?

Permanent Resident Card I- 94 Visa Foreign Passport None

Other: _____ Immigration Document Number: _____

Has PERSON 9 lived in the U.S. since August 22, 1996? Yes No

Is **PERSON 10** a U.S. citizen or U.S. national? (see page F for more information)

Yes No Choose not to answer

If PERSON 10 is NOT a U.S. Citizen, what is their immigration status?

- | | | |
|---|--------------------------------|--------------------------------|
| Lawful Permanent Resident | Lawful Temporary Resident | Remove/Suspension of |
| Asylee | Refugee | Deportation |
| Special Immigrant Juvenile | Battered Spouse, Child, Parent | Paroled into United States |
| Status Applicant | Victim of Trafficking | Order of Supervision |
| Deferred Action Status | Withholding of Deportation | Citizen of Republic of the |
| Legalization under LIFE Act | Conditional Entrant granted | Marshall Islands |
| Legalization under IRCA Act | before 1980 | Citizen of Federated States of |
| Applicant for Asylum, LPR or | Cuban-Haitian Entrant | Micronesia |
| Withholding Deportation | | Citizen of Republic of Palau |
| I do not want to provide this information | | Other: _____ |

What immigration document does PERSON 10 have?

Permanent Resident Card I- 94 Visa Foreign Passport None

Other: _____ Immigration Document Number: _____

Has PERSON 10 lived in the U.S. since August 22, 1996? Yes No

Is **PERSON 11** a U.S. citizen or U.S. national? (see page F for more information)

Yes No Choose not to answer

If PERSON 11 is NOT a U.S. Citizen, what is their immigration status?

- | | | |
|--|---|---|
| Lawful Permanent Resident | Lawful Temporary Resident | Remove/Suspension of Deportation |
| Asylee | Refugee | Paroled into United States |
| Special Immigrant Juvenile Status Applicant | Battered Spouse, Child, Parent | Order of Supervision |
| Deferred Action Status | Victim of Trafficking | Citizen of Republic of the Marshall Islands |
| Legalization under LIFE Act | Withholding of Deportation | Citizen of Federated States of Micronesia |
| Legalization under IRCA Act | Conditional Entrant granted before 1980 | Citizen of Republic of Palau |
| Applicant for Asylum, LPR or Withholding Deportation | Cuban-Haitian Entrant | Other: _____ |
| I do not want to provide this information | | |

What immigration document does PERSON 11 have?

Permanent Resident Card I- 94 Visa Foreign Passport None

Other: _____ Immigration Document Number: _____

Has PERSON 11 lived in the U.S. since August 22, 1996? Yes No

Is **PERSON 12** a U.S. citizen or U.S. national? (see page F for more information)

Yes No Choose not to answer

If PERSON 12 is NOT a U.S. Citizen, what is their immigration status?

- | | | |
|--|---|---|
| Lawful Permanent Resident | Lawful Temporary Resident | Remove/Suspension of Deportation |
| Asylee | Refugee | Paroled into United States |
| Special Immigrant Juvenile Status Applicant | Battered Spouse, Child, Parent | Order of Supervision |
| Deferred Action Status | Victim of Trafficking | Citizen of Republic of the Marshall Islands |
| Legalization under LIFE Act | Withholding of Deportation | Citizen of Federated States of Micronesia |
| Legalization under IRCA Act | Conditional Entrant granted before 1980 | Citizen of Republic of Palau |
| Applicant for Asylum, LPR or Withholding Deportation | Cuban-Haitian Entrant | Other: _____ |
| I do not want to provide this information | | |

What immigration document does PERSON 12 have?

Permanent Resident Card I- 94 Visa Foreign Passport None

Other: _____ Immigration Document Number: _____

Has PERSON 12 lived in the U.S. since August 22, 1996? Yes No

TAX FILING INFORMATION

Tell us NEXT YEAR'S tax filing information for everyone applying:

Person 7	Plan to file Federal income tax return?	Yes	No	Filing Status: Head of Household Single Married-Filing Joint Return	Qualifying Widow(er) Married-Filing Separate Return	Spouse's name: _____	
	Will claim dependents on own tax return? Yes No						
	If yes, list dependents' names: _____						
Claimed as dependent on someone else's tax return?							
Yes No							
If yes, name of tax filer claiming this person: _____							
Person 8	Plan to file Federal income tax return?	Yes	No	Filing Status: Head of Household Single Married-Filing Joint Return	Qualifying Widow(er) Married-Filing Separate Return	Spouse's name: _____	
	Will claim dependents on own tax return? Yes No						
	If yes, list dependents' names: _____						
Claimed as dependent on someone else's tax return?							
Yes No							
If yes, name of tax filer claiming this person: _____							
Person 9	Plan to file Federal income tax return?	Yes	No	Filing Status: Head of Household Single Married-Filing Joint Return	Qualifying Widow(er) Married-Filing Separate Return	Spouse's name: _____	
	Will claim dependents on own tax return? Yes No						
	If yes, list dependents' names: _____						
Claimed as dependent on someone else's tax return?							
Yes No							
If yes, name of tax filer claiming this person: _____							

Person 10	Plan to file Federal income tax return? Yes No	Filing Status: Head of Household Qualifying Widow(er) Single Married-Filing Separate Return Married-Filing Joint Return Spouse's name: _____
	Will claim dependents on own tax return? Yes No If yes, list dependents' names:	
	Claimed as dependent on someone else's tax return? Yes No If yes, name of tax filer claiming this person: _____	
Person 11	Plan to file Federal income tax return? Yes No	Filing Status: Head of Household Qualifying Widow(er) Single Married-Filing Separate Return Married-Filing Joint Return Spouse's name: _____
	Will claim dependents on own tax return? Yes No If yes, list dependents' names:	
	Claimed as dependent on someone else's tax return? Yes No If yes, name of tax filer claiming this person: _____	
Person 12	Plan to file Federal income tax return? Yes No	Filing Status: Head of Household Qualifying Widow(er) Single Married-Filing Separate Return Married-Filing Joint Return Spouse's name: _____
	Will claim dependents on own tax return? Yes No If yes, list dependents' names:	
	Claimed as dependent on someone else's tax return? Yes No If yes, name of tax filer claiming this person: _____	

STATEMENT OF TRUTH

I affirm under penalty of perjury that the statements and documents provided about myself and persons in my home, that relates to my eligibility for benefits, including any information regarding citizenship or alien status, is true and correct to the best of my knowledge, and that I have not withheld any information. I affirm under penalty of perjury that any photocopied information I have provided are the same as the original documents. For Nutrition Assistance and Cash Assistance, I also affirm under penalty of perjury that the statements regarding felony convictions and compliance with probation/parole are true and correct.

Signature of Applicant: _____ Date: _____
 Signature of Spouse (CA and NA ONLY): _____ Date: _____
 Signature of Other Adult in Household: _____ Date: _____
 Signature of Authorized Representative: _____ Date: _____
 Signature of Witness (if signed with mark): _____ Date: _____

USDA NONDISCRIMINATION STATEMENT

Do Not Send Applications Here.

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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:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

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