

## SPONSOR DEEMING INFORMATION

Client's Name: \_\_\_\_\_

AZTECS Case No.: \_\_\_\_\_ HEA ID: \_\_\_\_\_

**Instructions:** Use this form to determine if sponsor deeming rules will be used for your application.

The United States Citizenship and Immigration Services (USCIS) has verified that you were granted Lawful Permanent Resident status in the United States because your sponsor signed an Affidavit of Support Form I-864 agreeing to provide you with financial support. Therefore, some of your sponsor's income must be counted when we determine your eligibility for AHCCCS Health Insurance. For ALTCS only, sponsor's resources will be counted. This process is called "sponsor deeming".

However, you may be exempt from sponsor deeming if you:

- Are indigent;
- Are a victim, or the parent or child of a victim of domestic violence or extreme cruelty; or
- Can be credited with 40 qualifying quarters of work

### INDIGENT EXCEPTION

You are considered indigent if you meet the criteria below:

- For Medical Assistance: your income is equal to or less than 100% of the Federal Poverty Level (FPL) based on your family size.
- For Cash Assistance: your income is equal to or less than 36% of the 1992 Federal Poverty Level (FPL) based on your family size.
- For Nutrition Assistance: your income is equal to or less than 185% of the current Federal Poverty Level (FPL) based on your family size.

Please provide the following information so that we can determine if you qualify for an indigent exception.	Yes	No
A. Are you living with your sponsor?		
B. Do you receive free room and board from your sponsor or anyone else?		
C. Does anyone pay all or a portion of your rent?		
If yes, what is the monthly amount of rent that is paid to you?		
D. Does anyone pay all or a portion of your utility bills (electric, gas, water)?		
If yes, what is the monthly amount of utility bills that are paid for you?		
E. Does anyone give you free food or pay all or a portion of your food bills?		
If yes, what is the monthly value of the food that is paid for by someone else?		
F. How much money did your sponsor give you last month?		
Do you expect this amount every month?		
If no, explain:		

### EXCEPTION FOR VICTIM OF DOMESTIC VIOLENCE OR EXTREME CRUELTY

If you want to request this exception from sponsor deeming, provide the information and documentation requested below. If you qualify for this exception, we will not deem your sponsor's income or resources for 12 months.	Yes	No
A. Are you a victim of domestic violence or extreme cruelty?		
B. Are you the parent of a battered child?		
C. Are you the child of a battered parent?		
If you answered yes to any of the above questions, please provide the following:		
• Name of the victim:		
• Relationship of the victim to you:		

	<b>Yes</b>	<b>No</b>
• Where did the battery or extreme cruelty occur (City, County)?		
• Did the victim and abuser live in the same household when the domestic violence occurred?		
• Do the victim and abuser live in the same household now?		

**Attach proof of the domestic violence or extreme cruelty.** Proof may include but is not limited to: INS Form I-360, INS Form I-797; police reports, court records, order of protection, medical records, reports from school officials, social workers or a battered women’s shelter.

**PERMANENT EXEMPTION BASED ON 40 OR MORE QUALIFYING QUARTERS OF WORK**

The Social Security Administration keeps records of the number of qualifying quarters that each person earns based on wages or self-employment earnings. We count all of your qualifying quarters and we may also be able to count qualifying quarters earned by your parent(s) or stepparent when you were under age 18 and/or qualifying quarters earned by your spouse.

To request this exemption, provide the following information:		<b>Yes</b>	<b>No</b>
A. Have you been employed or self-employed while living in the United States?			
B. Have you received benefits from any of the following programs since January 1, 1997: Supplemental Security Income (SSI), Medicaid, Nutrition Assistance, or Cash Assistance?			
What dates? From: _____ to: _____			
C. Do you have a spouse who was employed or self-employed in the United States?			
If yes, please provide the following information so we can request proof of qualifying quarters from Social Security:			
Spouse’s Name: _____			
Spouse’s Social Security Number: _____		Spouse’s date of birth: _____	
Are you legally married?			
○ If <i>legally</i> married, answer these questions: Date of marriage: _____ Is this spouse deceased? Yes No			
○ If <i>not legally</i> married, answer these questions: What date (month / year) did you begin living together as a married couple? Divorced? Yes No Are you currently living together? Yes No If no, what date (month / year) did you stop living together?			
D. Do you have a parent or step-parent that was employed or self-employed in the United States when you were under age 18?			
If yes, provide the following information for each parent or stepparent so we can request proof of qualifying quarters from Social Security:			
<b>Name</b>	<b>Social Security No.</b>	<b>Relationship to you</b>	
Date of Birth: _____		Parent (Natural or adoptive) Stepparent – Date of marriage to your parent: Or if no marriage, dates your stepparent lived with your parent: From _____ to _____	
Date of Birth: _____		Parent (Natural or adoptive) Stepparent – Date of marriage to your parent: Or if no marriage, dates your stepparent lived with your parent: From _____ to _____	
Date of Birth: _____		Parent (Natural or adoptive) Stepparent – Date of marriage to your parent: Or if no marriage, dates your stepparent lived with your parent: From _____ to _____	

**Provide documentation of annual earnings for yourself and for each of the persons you listed above.** Anyone may obtain a year-by-year history of his or her earnings from the Social Security Administration by completing Form SSA-7004. SSA will respond within 4-6 weeks of receiving the request. Anyone may:

- Submit a request on-line at <https://secure.ssa.gov/RIL/SiView.action>; or
- Mail a completed SSA-7004 to the Social Security Administration, Wilkes Barre Data Operations Center, P.O. Box 7004, Wilkes Barre, PA 18767-7004. You may download copies of this form and the form instructions from <https://www.ssa.gov/forms/ssa-7004.pdf>, or ask your Worker for a copy of this form.

You may also provide wage stubs, W-2s, employer’s statements or income tax forms to verify employment earnings history.

**SPONSOR DEEMING INFORMATION**

Unless you qualify for one of the exemptions from sponsor deeming described on this form, you must provide documentation verifying the income (and resources for ALTCS) of:

- Your sponsor; and
- Your sponsor’s spouse (if your sponsor lives with his or her spouse).

**Please provide the following information about your sponsor and his or her household members:**

Sponsor’s Name: \_\_\_\_\_

Sponsor’s Social Security No.: \_\_\_\_\_ Sponsor’s Phone No.: \_\_\_\_\_

Sponsor’s Address (No., Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Is your sponsor married?    Yes    No    If married, does your sponsor live with his or her spouse?    Yes    No

Sponsor’s Spouse’s Name: \_\_\_\_\_

Please provide the following information about dependent children who live with your sponsor:

Name of Child	Date of Birth	Relationship to Sponsor:		
		Son/daughter	Stepson/stepdaughter	Other:
		Son/daughter	Stepson/stepdaughter	Other:
		Son/daughter	Stepson/stepdaughter	Other:
		Son/daughter	Stepson/stepdaughter	Other:
		Son/daughter	Stepson/stepdaughter	Other:

Printed Name of Customer or Authorized Representative: \_\_\_\_\_

Signature of Customer or Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Witness: \_\_\_\_\_  
(Only needed if customer signed with mark)

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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, audiotope, 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:**

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

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To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1.