



Who Can Apply for Public Assistance Benefits?

Health-e-Arizona Partners
Information Exchange
February 20, 2013

Today's Agenda

1. PowerPoint presentation
 2. Questions about the presentation
 3. General questions
- You may record your questions in Chat and we will answer them after the presentation.
 - We are unable to address case-specific questions during this meeting

Learning Objectives

During this session you will learn:

- Who can apply for Public Assistance benefits
- Who can sign the application
- The definition and role of a guardian
- When an Authorized Representative form is needed
- How to print a copy of the Authorized Representative form

Who can apply for Public Assistance benefits

All Arizona residents can apply.

- If you are under age 18, you may apply for yourself and your children. However, if you are living with a parent(s), you must include your parent(s) as part of your household.
- If you are an immigrant, you can apply for your U.S. citizen children. You can also apply for yourself and immigrant children, but immigrants may only be eligible for limited benefits.
- You can apply for a person or household as their representative.
- You can have someone else apply for you as your representative.

This information is available in the **Learn More!** link “Who can apply”.

Who Can Sign the Application for AHCCCS

For **AHCCCS Health Insurance** your customer can sign the application for:

- Himself/herself
- Their spouse
- Their child under age 18 (or age 18 if a high school student).
- Their grandchild or other related child under age 18 (or age 18 if a high school student) who lives with them.
- The other parent of their child under age 18 (or age 18 if a high school student), if they live together and are applying for the child, too
- Someone else if they have the applicant's permission. The signer will be considered an **Authorized Representative**.
- An applicant who is incapacitated when there is no one else available to sign. A written, signed statement from a licensed physician, physician assistant, nurse practitioner, or registered nurse under direction of a licensed physician is required to verify that the applicant is incapacitated.

Note: If an adult has a legal guardian, the guardian must sign the application or give the person signing the application written permission to be the adult's Authorized Representative.

Who Can Sign the Application for Nutrition Assistance and TANF

Your customer can sign an application for:

- Himself/herself
- Everyone in their household (for Nutrition Assistance)
- A child (for TANF Cash Assistance) if the customer is a specified relative of the child
- Another household if the person has the other household's permission. (Your customer will be considered an **Authorized Representative**.)

What is an Authorized Representative?

An Authorized Representative is a person appointed in writing by the applicant to complete the application process on behalf of the applicant and his/her family.

The representative needs to have full knowledge of the applicant's circumstances and information.

The Authorized Representative form is available in **Print Forms**.



Other Options...

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[Login to AHCCCS Enrollment Verification](#)

[Print Forms](#)

[View Notes](#)

[View Messages](#)

Form is available in both
English and Spanish



AHCCCS is
Arizona's
Medical
Assistance
Program
(Medicaid)



AUTHORIZED REPRESENTATIVE

APPLICANT'S NAME	HEALTH-E-ARIZONA APPLICATION ID:
APPLICANT'S ADDRESS	

Do not complete this form if you are the applicant's legal guardian or have legal authority to apply on the applicant's behalf. Send a copy of the document granting legal guardianship or legal authority to Health-e-Arizona.

I give permission for my representative to act on behalf of my household in the process of qualifying for Nutrition Assistance, Cash/TANF and Medical Assistance.

Print Representative's Name

Representative's Address

I, therefore, give permission for my Representative to:

- ♦ Complete, sign and submit my application.
- ♦ Provide any documents requested, including personal information.
- ♦ Sign on my behalf to permit other people, businesses or agencies to give personal information about me to complete my eligibility determination.

I also agree to:

- ♦ Give information about my personal circumstances to my Representative.
- ♦ Allow my Representative to assign all my rights to medical reimbursement claims to AHCCCS.
- ♦ Allow my Representative to assign rights to child support and alimony to the State of Arizona for TANF Cash Assistance.

Applicant's Signature

Date

Witness' Signature (if signed with a mark)

Date

I agree to act on the applicant's behalf. I also agree to:

- ♦ Provide truthful and complete information under penalty of perjury.
- ♦ Complete and sign needed forms.
- ♦ Provide all information needed to determine if the applicant can qualify for benefits.
- ♦ Report changes in the household's circumstances, based on the change requirements listed on the approval notice.

Representative's Signature

Date

Witness' Signature (if signed with a mark)

Date

Authority Applicant Gives to Representative

I give permission for my representative to act on behalf of my household in the process of qualifying for Nutrition Assistance, Cash/TANF and Medical Assistance.

I, therefore, give permission for my Representative to:


- Complete, sign and submit my application.
- Provide any documents requested, including personal information.
- Sign on my behalf to permit other people, businesses or agencies to give personal information about me to complete my eligibility determination.

I also agree to:


- Give information about my personal circumstances to my Representative.
- Allow my Representative to assign all my rights to medical reimbursement claims to AHCCCS.
- Allow my Representative to assign rights to child support and alimony to the State of Arizona for TANF Cash Assistance.

Responsibilities the Representative Agrees to Accept

I agree to act on the applicant's behalf. I also agree to:

- Provide truthful and complete information under penalty of perjury.
 - Complete and sign needed forms.
 - Provide all information needed to determine if the applicant can qualify for benefits.
 - Report changes in the household's circumstances, based on the change requirements listed on the approval notice.
- 

Legal Guardian

- A legal guardian is a person **appointed by a court of law** to represent a person who has been determined by the court to be incompetent (unable to handle his or her own affairs).
 - A legal guardian will have a **court order** verifying this appointment.
 - A court may appoint a legal guardian for either an adult and or a child.
- 

Legal Guardian

- An Authorized Representative form is **NOT** needed when the legal guardian is completing the application.
- Fax or upload a copy of the court order to Health-e-Arizona.

Applicant or Representative?

[English](#) | [Español](#)

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One Stop Access to Apply for Assistance

step 1: Getting Started

[help](#) [links & contacts](#) [log-out](#)


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finish!

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[Notes](#)

Tell Us If You Are in the Household



DES and AHCCCS must include certain persons who live together in the household when considering potential eligibility for benefits. These persons are referred to as the applying household, and they must be included in the application.

We realize that you want to apply or renew eligibility for benefits for you, or someone else. FIRST, we need to know the following about who is completing this application:

Are you a member of the household?

Should you be a member of the household?

☐ Yes ☐ No

Click **Help** for help with this page

What is this?

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[Next](#)

When is your customer a member of the household?

The screenshot shows a web browser window titled "Question level Help Text - Windows Internet Explorer provided ...". The address bar displays the URL: https://www.healtharizona.info/app/Pop_help.aspx?help_id=1003&formname=frmappt. The browser window is overlaid on a web page with a yellow header and a green sidebar. The sidebar contains the "one" logo and the text "One Stop Access". The web page has a "log-out" link in the top right corner. The help text window has a title bar with standard Windows controls and a "Change Font Size" link. The main content of the help text window is as follows:

Should you be a member of the household?

You should be a member of the household if you are applying for yourself.

You should also be a member of the household if you are applying for any of the following persons who live with you: your spouse, your minor children under age 19, and persons who purchase and prepare food with you.

At the bottom of the help text window, there are radio buttons for "Yes" and "No", with a question mark icon next to the "No" button. The "Yes" button is selected. Below the help text window, the text "Should you be a member of the household?" is circled in red. The footer of the web page contains the text: "Click **Help** for help with this page" and "© 2009 California HealthCare Foundation. All Rights Reserved. One-e-App is managed by Social Interest Solutions."

Yes = Head of Household

[English](#) | [Español](#)

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Tell Us If You Are in the Household



DES and AHCCCS must include certain persons who live together in the household when considering potential eligibility for benefits. These persons are referred to as the applying **household**, and they must be included in the application.

We realize that you want to apply or renew eligibility for benefits for you, or someone else. FIRST, we need to know the following about who is completing this application:

Are you a member of the household?

Should you be a member of the household?

☒ **Yes** ☐ **No** [?](#)

By answering Yes , this means that you will be considered the **head of the household**, and you will have the opportunity to apply or renew eligibility for yourself.

Click **Help** for help with this page

[?](#) **What is this?**

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No = Representative

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 **Notes**

Tell Us If You Are in the Household



DES and AHCCCS must include certain persons who live together in the household when considering potential eligibility for benefits. These persons are referred to as the applying **household**, and they must be included in the application.

We realize that you want to apply or renew eligibility for benefits for you, or someone else. FIRST, we need to know the following about who is completing this application:

Are you a member of the household?

Should you be a member of the household?

☐ Yes ☒ No

By answering No, this means that you will be considered the **Representative** of the applying household, and you will NOT have the opportunity to apply or renew eligibility for benefits for yourself in this application.

- You cannot be a **representative** if you are applying for your wife/husband or:
 - Your children under age 19, if you are applying for AHCCCS or TANF Cash Assistance or
 - Your children under age 22, if you are applying for Nutrition Assistance.
- If you are a **representative**, you will need to enter information about yourself on another screen, but you will not be included in the application.

Applicant can name a representative

Contact Information

Change Font Size



Notes

You have the option of naming a representative to provide documents and personal information requested for your application; sign forms on your behalf to permit other people, businesses or agencies to give personal information about you to DES and AHCCCS; and receive information from DES and AHCCCS about your eligibility. You agree that you are legally responsible for all statements and information your representative makes to DES and AHCCCS.

Would you like to name someone to represent you? ☒ Yes ☐ No

Representative's Name

Phone Number

Address 1

Address 2

City

State

Zip

Is your representative your legal guardian? ☐ Yes ☒ No

Click **Help** for help with this page

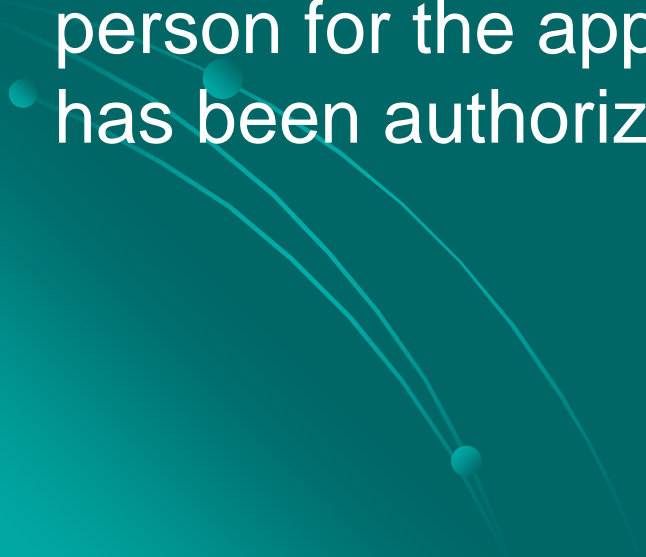
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What is a household?

A **household** is a group of persons who are living together in which at least one person is applying for benefits.

The head of the household is the primary contact person for the application, unless someone else has been authorized to represent the household.



Who must be included in the household?

If you are applying for yourself, your spouse, or children (younger than age 19) in your family, include information about yourself and everyone who lives with you who is:

- Your spouse
- Your children and stepchildren
- Your child's children
- Your child's spouse
- Your child's other parent
- Your parent(s) if you are under age 19
- A child related to you who you are caring for
- Your child age 19 through 21 (for Nutrition Assistance)
- Someone not listed above who is purchasing and preparing food with you (for Nutrition Assistance)
- Include a person who normally lives with you but is temporarily not with you because the person is working or is a child attending school.

Do I need to include other people who live with me (roommates, other relatives, other families)?

You will be asked to list the names, ages and relationship to you of the other persons in the home (relatives and non-relatives) on another screen. You will not need to provide any additional information about these persons.

Household Summary

Is there anyone else living with you who is not part of the household? ☒ Yes ☐ No

How many? Five

Name	<input type="text" value="Kevin Hudson"/>	Age	<input type="text" value="20"/>	Relationship to you	<input type="text" value="Not Related"/>
Name	<input type="text" value="Linda Hudson"/>	Age	<input type="text" value="54"/>	Relationship to you	<input type="text" value="Not Related"/>
Name	<input type="text" value="Jason Hudson"/>	Age	<input type="text" value="18"/>	Relationship to you	<input type="text" value="Not Related"/>
Name	<input type="text" value="Samantha Hudson"/>	Age	<input type="text" value="16"/>	Relationship to you	<input type="text" value="Not Related"/>
Name	<input type="text" value="Faith Hudson"/>	Age	<input type="text" value="15"/>	Relationship to you	<input type="text" value="Not Related"/>

Scenarios



Scenario 1

You work at a hospital. You are interviewing Ramona. Ramona's sister Joanna, a single woman with no children, was severely hurt in an automobile accident and at the moment is unable to complete an interview or sign anything. Joanna does not have any health insurance and Ramona wants to help with the application.

- Q1: Can you interview Ramona and have her sign the Health-e-Arizona application?

Scenario 1

Q1: Can you interview Ramona and have her sign the Health-e-Arizona application?

A1: Yes

Q2: Do you need to ask Ramona and Joanna to sign the Authorized Representative form?



Scenario 1

Q2: Do you need to ask Ramona and Joanna to sign the Authorized Representative form?

A2: Not necessarily. Ramona may be able to apply for Joanna because she is incapacitated and there is no one else (spouse or legal guardian) available to sign.

However, a written, signed statement from a licensed physician, physician assistant, nurse practitioner, or registered nurse under direction of a licensed physician is required to verify that Joanna is incapacitated.

If Joanna's incapacitation is only temporary, she will need to sign the Authorized Representative form. Health-e-Arizona will ask for completion of the Authorized Representative form, so give Ramona the form and ask her to have Joanna sign it when she is feeling better.

Scenario 2

Martha and Brian's two grandchildren, ages 8 and 10, recently came to live with them. The children's father abandoned the family several years ago and has not maintained contact with his children. Martha and Brian's daughter (the children's mother) is in jail.

Q1: Can Martha apply for AHCCCS for her grandchildren?




Scenario 2

Q1: Can Martha apply for AHCCCS for her grandchildren?

A1: Yes

Q2: Does Martha need to have her daughter sign an Authorized Representative form giving Martha authority to apply for her grandchildren?



Scenario 2

Q2: Does Martha need to have daughter sign an authorized representative form giving Martha authority to apply for her grandchildren?

A2: No

For **AHCCCS Health Insurance** your customer can sign the application for their grandchild or other related child under age 18 (or age 18 if a high school student) who lives with them.

For **Nutrition Assistance**, your customer can apply for everyone in the household.

For **TANF Cash Assistance** the grandparent can apply for the grandchildren as a specified relative.

Scenario 3

James is 17 years old and has been homeless and living on the streets for about 10 months. He comes into your clinic for medical services and you learn that he has no health insurance.

Q1: Can James apply for AHCCCS and sign the application for himself even though he is a minor child?



Scenario 3

Q1: Can James apply for AHCCCS and sign the application for himself even though he is a minor child?

A1: Yes

Q2: Do you need to include James parents as members of his household?



Scenario 3

Q2: Do you need to include James parents as members of his household?

A2:

If James is “on his own”, do not include his parents as members of his household. However, you will need to enter information about the names and addresses of his parents on the **Tell Us About the Parents of James** screen.

EXCEPTION: If James and his parent(s) are homeless but staying together as a family unit, include his parents as members of his household.

Scenario 4

Sandra is 17 years old and lives with her parents. She came to your clinic because she thought she might be pregnant. The doctor has confirmed that she is pregnant. She has no insurance coverage.

Q1: Can Sandra complete and sign the AHCCCS application herself?



Scenario 4

Q1: Can Sandra complete and sign the AHCCCS application herself?

A1: Yes

Q2: Does Sandra need to include her parents in her application as members of her household?



Scenario 4

Q2: Does Sandra need to include her parents in her application as members of her household?


Q2: Yes, because she is under age 18 and living with her parents, her parents must be included as members of her household so eligibility in the 1931 (AHCCCS for Families with Children) category can be determined.



Scenario 5

You are completing an application for Emily who is 17 years old and pregnant. She and her 21 year-old boyfriend live together in an apartment. Emily has no income. Her boyfriend works and supports both of them. Emily wants to apply for AHCCCS and Nutrition Assistance.

Q1: Do you need to include Emily's boyfriend as a member of Emily's household?



Scenario 5

Q1: Do you need to include Emily's boyfriend as a member of Emily's household?

A1: Yes, unless she claims that she and her boyfriend buy and prepare food separately, he must be included (for the Nutrition Assistance application).



Q2: Will the boyfriend's income affect Emily's AHCCCS eligibility?

Scenario 5

Q2: Will the boyfriend's income affect Emily's AHCCCS eligibility?

A2: No, he is not related to Emily so his income will not affect her AHCCCS eligibility.



Q3: Will the boyfriend's income affect Emily's Nutrition Assistance eligibility?

Scenario 5

Q3: Will the boyfriend's income affect Emily's Nutrition Assistance eligibility?

A3: If they purchase and prepare their food together, the boyfriend's income (and assets) is considered in determining the household's eligibility for Nutrition Assistance.

If they do not purchase and prepare their food together now, his income and assets are not counted in determining Emily's Nutrition Assistance eligibility, but once the baby is born his income and assets must be counted.

Scenario 6

You are completing an application for Kylie who is 16 years old and pregnant. She and her 20 year-old boyfriend live with his mother and his three younger siblings. Kylie wants to apply only for AHCCCS.

Q1: Do you need to include Kylie's boyfriend and his mother and siblings as members of Kylie's household?



Scenario 6

Q1: Do you need to include Kylie's boyfriend and his mother and siblings as members of Kylie's household?

A1: No, because her boyfriend and his relatives are not related to Kylie, they do not need to be included as members of her household. However, they must be listed as other persons in the household on the Household Summary page.

Is there anyone else living with you who is not part of the household? ☒ Yes ☐ No

How many? Five

Name	<input type="text" value="Kevin Hudson"/>	Age	<input type="text" value="20"/>	Relationship to you	<input type="text" value="Not Related"/>
Name	<input type="text" value="Linda Hudson"/>	Age	<input type="text" value="54"/>	Relationship to you	<input type="text" value="Not Related"/>
Name	<input type="text" value="Jason Hudson"/>	Age	<input type="text" value="18"/>	Relationship to you	<input type="text" value="Not Related"/>
Name	<input type="text" value="Samantha Hudson"/>	Age	<input type="text" value="16"/>	Relationship to you	<input type="text" value="Not Related"/>
Name	<input type="text" value="Faith Hudson"/>	Age	<input type="text" value="15"/>	Relationship to you	<input type="text" value="Not Related"/>

Scenario 7

You are completing an application for Lydia who is 17 years old and pregnant. She and her 20 year-old boyfriend live with his mother and 15 year-old sister. Lydia wants to apply for AHCCCS and Nutrition Assistance for herself and her boyfriend.

Q1: Who should you include as members of Lydia's household?



Scenario 7

Q1: Who should you include as members of Lydia's household?

A1: Everyone: Lydia, her boyfriend, his mother and his sister. Because her boyfriend is under age 22 and living with his parent, his parent (and sister) must also be included in the household for the Nutrition Assistance application.

- Income of the boyfriend and his family will not affect Lydia's eligibility for AHCCCS, but will be considered in determining Nutrition Assistance eligibility.

Scenario 8

You are completing an application for Elizabeth who is 23 years old. She lives with her 25 year-old boyfriend, Jeremy, and their 2 year-old son, Kyle. Elizabeth wants to apply for AHCCCS and Nutrition Assistance for herself and Kyle.

Q1: Who should be included as members of Elizabeth's household?



Scenario 8

Q1: Who should be included as members of Elizabeth's household?

A1: Everyone. Even though Elizabeth and Jeremy are not married, Jeremy is the "other parent" of Kyle and therefore he must also be included in the household because they all live together.



Q2: Can Elizabeth sign the application for Jeremy?

Scenario 8

Q2: Can Elizabeth sign the application for Jeremy?

A2: Yes, she can sign the application on behalf of the other parent of their child under age 18 (or age 18 if a high school student), because they live together and are applying for the child, too.



Provide Your Scenario



Questions About Today's Topic





Please share
your ideas for
**INFORMATION
EXCHANGE**
topics!



General Questions



Thank you
for attending today's
Health-e-Arizona Partners
Information Exchange Meeting

