NOTE: No interview required by DES, KidsCare or AHCCCS staff for this application

Arizona Department of Health Services Division of Behavioral Health Services AHCCCS Application Checklist / Coversheet

Application submitted to: <i>Check</i>			n: Check one	?	
one	☐ CPS	SA 3	NARBHA	☐ Cenpatico 2	RBHA designee
☐ DES	☐ CPS	SA 5	Navajo	☐ Cenpatico 4	Number:
☐ AHCCCS Central Screening	☐ Gila	a River 📮		Magellan	
Unit for KidsCare processing	☐ White Yaqui				(Provider agency
☐ AHCCCS Central Screening	Mo	untain			or individual #)
Unit for SSI-MAO processing					
Behavioral Health Consumer - Applicant					
DOB	Social So	ecurity #			
		,			
Date application submitted					
RBHA Designee Name					
	-1				
RBHA Designee Telephone Number					
RBHA Designee Fax Number					
Documentation to Submit					(*) or N/A
Application for AHCCCS Health Insurance					
Proof of Residency or applicant's statement					
Proof of identity					
Proof of citizenship					
Proof of alien status, if applicable					
Copy of Social Security card or applicant's statement of SS#					
Proof of dependent care expenses, if applicable					
Proof of unearned or earned income, if applicable					
Copy of health insurance card, if applicable					
Consent for the Release of Information					
Language Needs Form					
Turn Around Document (TAD) – for applications sent to DES					
Other, write in items submitted with application					
Complete the following section when submitting applications to AHCCCS (SSI-MAO Unit) for persons					
who do not have current disability benefits, are not aged (age 65 and older) or are not blind.					
Items to Submit to AHCCCS Central Screening Unit to support disability status					(or N/A
SMI Determination Summary					
Must be October 2000 or newer version					
Must be signed by a physician or psychologist					
Authorization to review SS cash benefits eligibility					
Copy of medical records that support the SMI determination					
Psychiatric evaluation					
Psychological evaluation					
Other assessments (i.e. psychosocial, vocational)					
Notes within the past year that support the SMI determination and current functioning					
AHCCCS Medical Benefit Disability Report -if person does not meet: 1) inability to live					
independently or 2) risk of serious harm to self or others on the SMI Determination					
Summary					

Form: ADHS AE-02 Revised 2/11/09