



AHCCCS is
Arizona's
Medical
Assistance
Program
(Medicaid)



Authorization for Release of Information

I give permission for Arizona Health Care Cost Containment System (AHCCCS), the Department of Economic Security (DES), its agents and contractors to request any and all information on my household's behalf, including but not limited to the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> ◆ Citizenship or immigration status documentation ◆ Social Security Number ◆ Marriage license or certificate ◆ Residency ◆ Living arrangement ◆ Resource ownership and/or values: <ul style="list-style-type: none"> Financial accounts Life insurance policies Trust documents Vehicles Real or personal property Burial funds, burial plans Annuities Investment accounts Stocks, bonds, mutual funds, savings bonds Any other type of resource I (we) may own | <ul style="list-style-type: none"> ◆ Application for potential benefits ◆ Household expense verification ◆ Medicare or other health insurance benefits and premiums ◆ Student information ◆ Medical institution or facility admit and discharge ◆ Income verification: <ul style="list-style-type: none"> Social Security benefits Railroad Retirement Pensions Annuities Interest, royalties, dividends Earned income/tips/commissions Educational loans and grants Any other type of income I (we) may receive |
|--|---|

AHCCCS and DES will only use the information in the administration of any public assistance programs for which I have applied. AHCCCS and DES will not release this information to any other person or agency outside of AHCCCS, DES, its agents and contractors, except when required under state or federal law.

This Authorization for Release of Information form remains in effect while I am an applicant or recipient of public assistance and for any later investigation of my eligibility and receipt of benefits.

A copy of this release is as valid as the original

Health-e-Arizona Application ID:

--	--	--	--	--	--	--	--	--	--	--	--

<i>Applicant's Signature</i>	<i>Date</i>	<i>Other Adult Household Member's Signature</i>	<i>Date</i>
<i>Print Applicant's Name</i>	<i>Date of Birth</i>	<i>Other Adult Household Member's Name</i>	<i>Date of Birth</i>
<i>Witness' Signature (if signed with a mark)</i>	<i>Date</i>	<i>Witness' Signature (if signed with a mark)</i>	<i>Date</i>