



CHANGES – WHAT YOU NEED TO KNOW

FIND OUT IF YOUR HOUSEHOLD IS STANDARD OR SIMPLIFIED REPORTING:

- ✓ Save your approval notices. This tells you your change reporting requirements!
- ✓ Visit <https://myfamilybenefits.azdes.gov>
- ✓ Call Customer Support at 1-855-432-7587

REVIEW THE CORRECT CHART TO SEE WHAT YOU NEED TO REPORT:

SIMPLIFIED REPORTING These are the changes that need to be reported for each program for simplified reporting households.
CASH ASSISTANCE (CA) Report when your household's income exceeds any amount over the CA payment you are receiving. Report when a dependent child moves out of the household or is removed by a government agency.
NUTRITION ASSISTANCE (NA) <ul style="list-style-type: none"> • Report when your household's income exceeds 130% of the current Federal Poverty Level. • Report lottery/gambling winnings of \$4,250 or more, when won in a single game. • An Able-Bodied Adult without Dependents (ABAWD) is someone aged 18 through 52, who is fit for employment, and does not have a child. ABAWD participants need to report when their work hours fall below 20hrs per week or an average of less than 80hrs per month.
MEDICAL ASSISTANCE (MA) For MA, see standard reporting

STANDARD REPORTING These are the changes that need to be reported for each program for standard reporting households.		
TYPES OF CHANGES TO REPORT	TPEP CA	MA
Address Moved or relocated to another address	Yes	Yes
Household Member(s) When someone moved in or out	Yes	Yes
Marital Status Any member	No	Yes
School Attendance (Don't report breaks) CA – for children aged 6 through 15yrs MA – for anyone aged 18 and older	Yes	Yes
Dependent Care Expense (Childcare) Care of a child or incapacitated adult	Yes	No
Housing Expenses Anything that changes shelter costs when you have moved to another address.	Yes	No
Income (Job, Self-Employment, SSI/SSA, Child Support, Retirement, Gift, etc.)	Yes	Yes
Resources (Financial Accounts, 401K, etc.) CA – when resources exceed \$2,000	Yes	No

WHEN SHOULD I REPORT CHANGES?

- Cash Assistance (CA) and Nutrition Assistance (NA) – Report changes by the 10th calendar day of the month after the change occurred.
- Medical Assistance (MA) - Report changes within 10 calendar days from the date you know about the change.

FAILURE TO REPORT REQUIRED CHANGES COULD RESULT IN AN:

- Underpayment – you may receive less benefits than you were eligible for.
- Overpayment – you may receive more benefits than you were eligible for that you may have to pay back.
- Intentional Program Violation – if you knowingly provided misleading or falsified information. This could cause you to be disqualified from receiving benefits and/or potentially face criminal charges.

HOW CAN I REPORT CHANGES?

Please include your printed name, case number, and/or application ID to ensure that the information is added to your case file.

- ▶ Online: 24 hours a day

<https://myfamilybenefits.azdes.gov>
www.healtharizonaplus.gov

- ▶ Call: Customer Support at 1-855-432-7587
- ▶ Fax: In State number: 602-257-7031
Toll Free number: 1-844-680-9840
- ▶ Mail: Department of Economic Security:
P. O. Box, 19009,
Phoenix, AZ 85005-9009
- ▶ Office: Department of Economy Security
Family Assistance Administration

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