

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 one</i> <input type="checkbox"/> DES <input type="checkbox"/> AHCCCS Central Screening Unit for KidsCare processing <input type="checkbox"/> AHCCCS Central Screening Unit for SSI-MAO processing	T/RBHA Affiliation: <i>Check one</i> <input type="checkbox"/> CPSA 3 <input type="checkbox"/> NARBHA <input type="checkbox"/> Cenpatico 2 <input type="checkbox"/> CPSA 5 <input type="checkbox"/> Navajo <input type="checkbox"/> Cenpatico 4 <input type="checkbox"/> Gila River <input type="checkbox"/> Pascua <input type="checkbox"/> Magellan <input type="checkbox"/> White Mountain Yaqui	RBHA designee Number: _____ (Provider agency or individual #)
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Behavioral Health Consumer - Applicant			
DOB		Social Security #	
Date application submitted			
RBHA Designee Name			
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 <input type="checkbox"/> Must be October 2000 or newer version <input type="checkbox"/> Must be signed by a physician or psychologist	
Authorization to review SS cash benefits eligibility	
Copy of medical records that support the SMI determination <input type="checkbox"/> Psychiatric evaluation <input type="checkbox"/> Psychological evaluation <input type="checkbox"/> Other assessments (i.e. psychosocial, vocational) <input type="checkbox"/> 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	