APPLICATION STATUS REQUEST (FAX)

TO: SSI/MAO Unit Telephone: 602-417-5010 FAX: 602-417-5056
ADHS Outreach Applications OR 800-528-0142
Date:

RBHA: RBHA Designee:	Telephone number: Fax number:

Applicant Name:	DOB:	SSN:
AHCCCS Eligibility Worker Reply		
Case Worker:	Disposition:	
Status:		

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Form:ADHS AE-07
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