AHCCCS is Arizona's Medical Assistance Program (Medicaid)

AHCCCS

Authorization for AHCCCS to Request Information from SSA

Customer:	AHCCCS ID:	Customer #:
	Date:	
	Eligibility Specialist: Phone: Fax:	

To get AHCCCS Health Insurance you need to apply for income that you may be able to get. To find out if you might be able to get Social Security income, we need your permission to request information from the Social Security Administration (SSA) Internet site. The SSA Internet site is a secure site and SSA keeps your information confidential.

I give AHCCCS permission to request my SSA statement form the SSA Internet Site.

Signature:	Date:

Please complete the customer's information below that is needed to obtain a Social Security statement through the SSA Internet site.

Name as shown on your Social security Card:	
Social Security Number:	
Date of Birth:	
Place of Birth:	
Mother's maiden name-last name only (to help SSA identify customer):	