



# 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:

| <b>Simplified Reporting</b><br>These are the changes that need to be reported for each program for simplified reporting households.   |
|---|
| <p><b>Cash Assistance (CA)</b></p> <ul style="list-style-type: none"> <li>• Report when your household's income exceeds any amount over the CA payment you are receiving.</li> <li>• Report when a dependent child moves out of the household or is removed by a government agency.</li> </ul>  |
| <p><b>Nutrition Assistance (NA)</b></p> <ul style="list-style-type: none"> <li>• Report when your household's income exceeds 130% of the current Federal Poverty Level.</li> <li>• Report lottery/gambling winnings of \$4,500 or more, when won in a single game.</li> <li>• An Able-Bodied Adult without Dependents (ABAWD) is someone aged 18 through 54, 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.</li> </ul> |
| <p><b>Medical Assistance (MA)</b></p> <p>For MA, see standard reporting</p>   |

| <b>Standard Reporting</b><br>These are the changes that need to be reported for each program for standard reporting households. |                |           |
|---|----------------|-----------|
| <b>Types of Changes to Report</b>   | <b>TPEP CA</b> | <b>MA</b> |
| <b>Address</b><br>Moved or relocated to another address   | Yes            | Yes       |
| <b>Household Member(s)</b><br>When someone moved in or out  | Yes            | Yes       |
| <b>Marital Status</b><br>Any member   | No             | Yes       |
| <b>School Attendance (Don't report breaks)</b><br>CA – for children aged 6 through 15yrs<br>MA – for anyone aged 18 and older   | Yes            | Yes       |
| <b>Dependent Care Expense (Childcare)</b><br>Care of a child or incapacitated adult   | Yes            | No        |
| <b>Housing Expenses</b><br>Anything that changes shelter costs when you have moved to another address.                          | Yes            | No        |
| <b>Income (Job, Self-Employment, SSI/SSA, Child Support, Retirement, Gift, etc.)</b>  | Yes            | Yes       |
| <b>Resources (Financial Accounts, 401K, etc.)</b><br>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](http://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 Economic Security  
Family Assistance Administration

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