

Request for Application for AHCCCS Long Term Care Services



AGENCY USE:

Date Received:	Customer Name:	Customer #:
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Please indicate the type of medical benefits for which you are applying.

- Arizona Long Term Care System (ALTCS)
 Help With Your Medicare Costs
 AHCCCS Medical Services

To start the application process, complete this form and bring, mail, or fax it to an Arizona Long Term Care System (ALTCS) office. We will contact you to continue the process.

Applicant's Name (Last, First, Middle)	Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed Date of Spouse's Death:		
Applicant's Date of Birth:	Applicant's Social Security Number	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Spouse's Name (Last, First, Middle)	Spouse's Social Security Number	Spouse's Date of Birth:	

Note: The applicant is not required to attend the financial interview if a representative completes the interview for the applicant.

Name of the Person Who Will Complete the Interview			Relationship to Applicant	
Mailing Address	City	State	Zip	
Home Phone	Business Phone		Message Phone	
Where is the Applicant Currently Residing? <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Facility <input type="checkbox"/> At Home <input type="checkbox"/> Other:			Expected Date of Discharge	
Name of the Hospital or Nursing Facility			Phone Number	
Applicant's Home Address	City	State	Zip	Phone
Applicant's Mailing Address (if different)	City	State	Zip	Message Phone

Prior to the age of 18 was the applicant diagnosed with: <input type="checkbox"/> Autism <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Seizure Disorder	If under age of 6 , has the applicant been diagnosed with Developmental Delay <input type="checkbox"/> Yes <input type="checkbox"/> No
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Our office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m.

What is the best time and day for you to complete the interview?	Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?
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In case a home visit is needed, please provide the following information:

Address or location for home visit: _____

Major crossroads: _____

A map or directions to the location for the home visit:

Name of Person Completing Form	Relationship To Applicant	Date
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