

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration

BABY ARIZONA PROVIDER REFERRAL PROCESS TURNAROUND DOCUMENT (TAD)

| | | | |
|---|---------------|-----------|------------------|
| APPLICANT'S NAME <i>(Last, First, M.I.)</i> | SOC. SEC. NO. | SITE CODE | DATE SENT TO DES |
|---|---------------|-----------|------------------|

| | | |
|---|--|---|
| ELIGIBILITY FACTORS | | PROVIDER ADDRESS <i>(No., Street, City, State, ZIP)</i> |
| For each applicable item, list the document used to verify. | | |
| A. Residence | | |
| B. Identity | | PHONE NO. <i>(Include Area Code)</i> |
| C. Citizenship | | FAX NO. <i>(Include Area Code)</i> |
| D. Alien Status <i>(when applicable)</i> | | |
| E. Social Security Number | | DATE OF PATIENT'S NEXT MEDICAL APPOINTMENT |
| The eligibility factors listed below must be verified for the 30 days prior to the date of application. | | |
| F. Dependent Care Expense | | PROVIDER SIGNATURE |
| G. Income | | |

TO BE COMPLETED BY DES

| | |
|----------------------------------|--|
| DATE APPLICATION RECEIVED AT DES | MA STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Pending |
|----------------------------------|--|

When the documentation is incomplete/unacceptable, indicate the eligibility factor(s) and the date the applicant was contacted.

ELIGIBILITY DETERMINATION

| ELIGIBILITY <i>(Effective date)</i> | ELIGIBILITY DENIED <i>(Reason)</i> |
|---|--|
| | |

COMMENTS

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|-------------------------------|------------------------------------|-----------|-----------|
| DATE NOTICE SENT TO APPLICANT | DATE FAXED COPY OF TAD TO PROVIDER | EI'S NAME | SITE CODE |
|-------------------------------|------------------------------------|-----------|-----------|

**Completion Instructions for FA-865
BABY ARIZONA PROVIDER REFERRAL PROCESS
TURN AROUND DOCUMENT (TAD)**

- A. Purpose. This form will enable the provider and the Department of Economic Security (DES) staff to transmit information for the eligibility process. It will also enable the provider to identify the information used to verify the factors of eligibility being sent to DES. This form will also provide a means for DES staff to send the determination information to the provider.
- B. Completion. All items are self-explanatory except the following.
1. The provider completes the top portion.
 2. The DES local office completes the portions marked **TO BE COMPLETED BY DES**.
Complete a systems check to determine whether the applicant has an **Active, Inactive** or **Pending** case.
When the documentation is **Incomplete** or **Unacceptable** enter the specific eligibility factor and the date the applicant was contacted.
When the ELIGIBILITY DETERMINATION is completed indicate the Effective Date. When the applicant is eligible or has been denied, indicate the reason (not a reason code). Fax a copy to the provider.
- C. Routing. The original is retained in the provider's file. The remaining two copies are submitted to DES.
- D. Retention. Retain in accordance with the provider's and DES' policies and procedures.

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