



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	Email Address	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	Email Address
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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If the applicant receives services from the DES Division of Developmental Disabilities, the date services started: _____

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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CASA GRANDE

500 North Florence Street
Casa Grande, Arizona 85222
1-520-421-1500
Fax: 1-520-836-6828

CHINLE

DCI Shopping Center
US Highway 191, PO Box 1942
Chinle, Arizona, Navajo Nation, 86503
1-928-674-5439 or 1-888-800-3804 (toll free)
Fax: 1-928-674-5494

COTTONWOOD

1 North Main Street
Cottonwood, Arizona 86326
1-928-634-8101
Fax: 1-928-634-8007

FLAGSTAFF

3480 East Route 66
Flagstaff, Arizona 86004
1-928-527-4104 or 1-800-540-5042 (toll free)
Fax: 1-928-527-1686

GLENDALE

2830 West Glendale Avenue, Suite 34
Phoenix, Arizona 85051
1-602-417-6000 or 1-800-528-0142
Fax: 1-602-417-6155

GLOBE/MIAMI

Cobre Valle Plaza
2250 Highway 60, Suite H
Miami, Arizona 85539
1-928-425-3165 or 1-888-425-3165 (toll free)
Fax: 1-928-425-7316

KINGMAN

519 East Beale Street, Suite 150
Kingman, Arizona 86401
1-928-753-2828 or 1-888-300-8348 (toll free)
Fax: 1-928-753-6995

LAKE HAVASU CITY

285 South Lake Havasu Avenue Suite A
Lake Havasu City, Arizona 86403
1-928-453-5100 or 1-800-654-2076 (toll free)
Fax: 1-928-453-6057

MESA

460 North Mesa Drive, Suite 101
Mesa, Arizona 85201
1-602-417-6400 or 1-800-528-0142
Fax: 1-602-644-0878

PHOENIX SOUTH

700 East Jefferson Street, First Floor
Phoenix, Arizona 85034
1-602-417-6600 or 1-800-528-0142
Fax: 1-602-417-6650

PRESCOTT

1570 Willow Creek Road
Prescott, Arizona 86301
1-928-778-3968 or 1-888-778-5600 (toll free)
Fax: 1-928-778-1232

SHOW LOW

580 East Old Linden Road, Suite 3
Show Low, Arizona 85901
1-928-537-1515 or 1-877-537-1515 (toll free)
Fax: 1-928-537-1822

SIERRA VISTA

484 East Wilcox Drive
Sierra Vista, Arizona 85635
1-520-459-7050 or 1-888-782-5827 (toll free)
Fax: 1-520-459-0702

TUCSON

Magdalena Building
110 South Church Avenue, Suite 5132
Tucson, Arizona 85701
1-520-205-8600 or 1-800-824-2656 (toll free)
Fax: 1-520-205-8709

YUMA

3850 West 16th Street, Suite B
Yuma, Arizona 85364
1-928-782-0776
Fax: 1-928-782-2894