

ALTCS PART I APPLICATION FAX COVER SHEET

Date: _____

Sent by: _____

Please deliver the attached ALTCS Part I application to the following office ...

Casa Grande ALTCS Office

500 N. Florence Street Casa Grande, AZ 85222
P: 1-520-421-1500 **FAX: 1-877-666-0874**
Toll Free: 1-855-277-0260

Chinle ALTCS Office

Tseyi Shopping Center, Hwy. 191
P.O. Box 1942 Chinle, AZ 86503
P: 1-928-674-5439 **FAX: 1-877-660-1450**
Toll Free: 1-888-800-3804

Cottonwood ALTCS Office

1500 E. Cherry Street Ste. I Cottonwood, AZ 86326
P: 1-928-634-8101 **FAX: 1-877-666-1-5208**
Toll Free: 1-855-873-0393

Flagstaff ALTCS Office

2717 North Fourth Street, Ste. 130 Flagstaff, AZ 86004
P: 1-928-527-4104 **FAX: 1-877-663-5213**
Toll Free: 1-800-540-5042

Globe/Miami ALTCS Office

Cobre Valle Plaza 2250 Highway 60, Ste. H
Miami, AZ 85539-9700
P: 1-928-425-3165 **FAX: 1-877-666-5219**
Toll Free: 1-888-425-3165

Kingman ALTCS Office

519 E. Beale Street, Ste. 130 Kingman, AZ 86401
P: 1-928-753-2828 **FAX: 1-877-667-5239**
Toll Free: 1-888-300-8348

Lake Havasu ALTCS Office

2160 N. McCulloch Blvd., Ste. 105
Lake Havasu City, AZ 86403
P: 1-928-453-5100 **FAX: 1-877-664-5264**
Toll Free: 1-800-654-2076

Metro ALTCS Office

801 E. Jefferson Street, MD 3600 Phoenix, AZ 85034
P: 602-417-6600 **FAX: 602-253-6038**

Phoenix ALTCS Office

801 E. Jefferson Street, MD 1600 Phoenix, AZ 85034
P: 602-417-6600 **FAX: 602-253-6385**

Prescott ALTCS Office

3262 Bob Drive Ste. 11 Prescott Valley, AZ 86314
P: 1-928-778-3968 **FAX: 1-877-666-5269**
Toll Free: 1-888-778-5600

Sierra Vista ALTCS Office

Street Address: 820 E. Fry Blvd, Sierra Vista, AZ
Mailing address: 1010 N. Finance Center, Ste. 201,
Tucson, AZ 85710
P: 1-520-459-7050 **FAX: 1-877-660-5342**
Toll Free: 1-888-782-5827

Tucson ALTCS Office

1010 N. Finance Center Drive, Ste. 201 Tucson, AZ 85710
P: 1-520-205-8600 **FAX: 1-877-666-5353**
Toll Free: 1-800-824-2656

Yuma ALTCS Office

3850 W. 16th Street, Ste. A Yuma, AZ 85364
P: 1-928-782-0776 **FAX: 1-877-666-5382**
Toll Free: 1-855-419-6527

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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