ARTICLE 1. TUBERCULOSIS CONTROL PROGRAM

Article 1, consisting of R6-13-102 through R6-13-161, made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

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Article 2, consisting of R6-13-201 through R6-13-207, R6-13-209, R6-13-211, R6-13-212, and R6-13-214 through R6-13-216, recodified from A.A.C. R6-3-201 through R6-3-209, R6-3-211, R6-3-212, and R6-3-214 through R6-3-216, effective February 13, 1996 (Supp. 96-1).

Section
R6-13-201. Application
R6-13-202. Worker Responsibility
R6-13-203. Home Visits
R6-13-204. Applicant and Recipient Responsibility
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ARTICLE 3. METHODS OF ELIGIBILITY DETERMINATION AND BUDGET PROCEDURES

Article 3, consisting of Sections R6-13-301 through R6-13-307, R6-13-309 through R6-13-311, R6-13-313 through R6-13-316, and R6-13-318 through R6-13-322, recodified from A.A.C. R6-3-301 through R6-3-307, R6-3-309 through R6-3-311, R6-3-313 through R6-3-316, and R6-3-318 through R6-3-322 effective Febru-
ARTICLE 4. RESERVED

ARTICLE 5. RESERVED

ARTICLE 6. REPEALED

Article 6, consisting of Sections R6-13-601 through R6-13-604, repealed by final rulemaking at 18 A.A.R. 1863, effective July 10, 2012 (Supp. 12-3).

Article 6, consisting of Sections R6-13-601 through R6-13-604, recodified from A.A.C. R6-3-601 through R6-3-604 effective February 13, 1996 (Supp. 96-1).

Section
R6-13-601. Repealed
R6-13-602. Repealed
R6-13-603. Repealed
R6-13-604. Repealed

ARTICLE 7. REPEALED

Article 7, consisting of Section R6-13-701, repealed by exempt rulemaking at 9 A.A.R. 3966, effective October 20, 2003 (Supp. 03-3).

Article 7, consisting of Section R6-3-701, recodified from A.A.C. R6-3-701 effective February 13, 1996 (Supp. 96-1).

Section
R6-13-701. Repealed

ARTICLE 8. SHORT-TERM CRISIS SERVICES

Article 8, consisting of Sections R6-13-801 through R6-13-809, amended, repealed, or renumbered under an exemption from the provisions of A.R.S. Title 41, Chapter 6, effective August 4, 1997 (Supp. 97-3).

Article 8, consisting of Sections R6-13-801 through R6-13-809, recodified from A.A.C. R6-13-801 through R6-3-809 effective February 13, 1996 (Supp. 96-1).

Section
R6-13-801. Definitions
R6-13-802. Application Procedures
R6-13-803. General Eligibility Requirements
R6-13-804. Financial Eligibility Requirements; Countable Income
R6-13-805. Emergent Need Eligibility Requirements
R6-13-806. Types of Assistance; Duration
R6-13-807. Payments
R6-13-808. Notification
R6-13-809. Complaints, Hearings, and Appeals

ARTICLE 9. REPEALED


Article 9, consisting of Sections R6-13-901 through R6-13-922, recodified from A.A.C. R6-3-901 through R6-3-922 effective February 13, 1996 (Supp. 96-1).

Section
R6-13-901. Expired
R6-13-902. Repealed
R6-13-903. Repealed
R6-13-904. Repealed
R6-13-905. Repealed
R6-13-906. Repealed
R6-13-907. Repealed
R6-13-908. Repealed
R6-13-909. Repealed
R6-13-910. Repealed
R6-13-911. Repealed
R6-13-912. Expired
R6-13-913. Repealed
R6-13-914. Repealed
R6-13-915. Repealed
R6-13-916. Repealed
R6-13-917. Repealed
R6-13-918. Expired
R6-13-919. Repealed
R6-13-920. Repealed
R6-13-921. Repealed
R6-13-922. Repealed

ARTICLE 10. RESERVED

ARTICLE 11. RESERVED

ARTICLE 12. OTHER PROCEDURES AND SERVICES

Article 12, consisting of Sections R6-13-1201 through R6-13-1204 and R6-13-1206 through R6-13-1213, recodified from A.A.C. R6-3-1201 through R6-3-1204 and R6-3-1206 through R6-3-1213 effective February 13, 1996 (Supp. 96-1).

Section
R6-13-1201. Confidentiality
R6-13-1202. Transfer of Cases Between Cost Centers
R6-13-1203. State Warrants
R6-13-1204. Guardianship
R6-13-1205. Reserved
R6-13-1206. Overpayments
R6-13-1207. Special Investigations Unit
R6-13-1208. Complaints, Hearings, and Appeals
R6-13-1209. Quality Control
R6-13-1210. Interagency Inquiry
R6-13-1211. Quality Assurance
R6-13-1212. Assistance to Individuals on Conditional Discharge from the Arizona State Hospital
R6-13-1213. Expired
ARTICLE 1. TUBERCULOSIS CONTROL PROGRAM

R6-13-101. Reserved

R6-13-102. Definitions

The following definitions apply to this Chapter:

1. “Administration” means the Family Assistance Administration of the Department.
2. “Adverse action” means that the Department has:
   a. Denied an application for assistance,
   b. Failed to take action to approve or deny an application within 30 days of the application file date,
   c. Terminated or reduced assistance,
   d. Determined that it overpaid a Tuberculosis Control (TC) payment recipient, or
   e. Denied a request for a waiver of an overpayment.
3. “Applicant” means a person who has directly or through a representative filed an application for TC payments with the Department.
4. “Assistance unit” means a group of persons whose needs, income, resources, and other circumstances the Department considers as a whole for the purpose of determining eligibility and benefit amount for Tuberculosis Control payments.
5. “CA” or “Cash Assistance” means temporary assistance for needy families paid to a recipient for the purpose of meeting basic living expenses under A.R.S. § 46-291 et seq.
6. “Collateral verification” means the use of an agency, organization, or qualified individual who has knowledge of the requested eligibility information, and who the Department may use as a collateral contact when requested to do so or when documented verification is not available to the applicant.
7. “Countable income” means income from every source minus income excluded under R6-13-118.
9. “FAA” or “Family Assistance Administration” means the administration within the Department’s Division of Benefits and Medical Eligibility responsible for providing financial and nutrition assistance to eligible persons and determining eligibility for medical assistance.
10. “FAA Manual” means the policies and procedures used to determine an assistance unit’s eligibility for TC payments.
11. “Homestead property” has the same meaning as A.R.S. § 46-101(14).
12. “In-kind income” means the value of goods or services received for work in lieu of the receipt of wages.
13. “Legal claim for support or care” means that the recipient has a duty under the law to look after or provide financially for the person with the legal claim for support or care.
14. “Lump-sum payment” means a single payment, such as retroactive monthly Social Security or other benefits, nonrecurring pay adjustments or bonuses, inheritances, lottery winnings, or personal injury and workers’ compensation awards.
15. “Notice of adverse action” means a written notice sent to a recipient when the Department takes adverse action under R6-13-141.
17. “Recipient” means a person who receives TC payments.
18. “Resources” means the assistance unit’s real and personal property and liquid assets.
19. “TC” means Tuberculosis Control, a program administered by the Department that provides monetary assistance to an assistance unit that includes an adult who is certified by the state Tuberculosis Control Officer to have active tuberculosis or suspected tuberculosis, and that satisfies the eligibility requirements in this Article.
20. “Vendor payment” means a payment from a person or organization that is not a member of an assistance unit to a third party to cover an assistance unit’s expenses.

Historical Note

New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-103. Individuals Who May Qualify for Assistance

A. The following persons are eligible for TC payments only if they meet all financial and nonfinancial eligibility requirements:
   1. An adult who is certified by the state Tuberculosis Control Officer to have active tuberculosis or suspected tuberculosis,
   2. Any person residing with the adult who has a legal claim for support or care from the adult, including:
      a. The adult’s spouse; and
      b. A minor child. Also, a child age 18 if attending a secondary school or a high school equivalency program;
      c. A mentally or physically disabled child more than age 18; and
      d. A child who is temporarily absent from the home because the child is attending school, as long as the child returns home at least once a year.

B. A person may receive TC payments only if the individual is not eligible to receive Cash Assistance under A.R.S. Title 46, Chapter 2, Article 5.

Historical Note

New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-104. Applicant Responsibilities at Initial Application

A. A person shall apply for TC payments by submitting an identifiable application to an FAA office in person, by mail, fax, or electronic transmission.

B. An identifiable application means an application that contains:
   1. The legible name and address of the applicant; and
   2. The signature of the applicant, the applicant’s representative, or if the applicant is incompetent or incapacitated, someone legally authorized to act on behalf of the applicant.

C. The application filing date is the date an FAA office receives an identifiable application. If the applicant is eligible, the Department shall pay TC payments calculated from this date.

Historical Note

New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-105. Department Responsibilities at Initial Application

A. Upon receipt of an identifiable application, the Department shall:
   1. Date stamp the application with the application filing date, and
   2. Schedule an initial eligibility interview with the applicant at:
A. The applicant shall attend the interview. A person of the applicant's choosing may also attend and participate in the interview or contact the local office.

B. Missed appointments.
   1. If the applicant misses a scheduled appointment for an interview, the applicant shall:
      a. Request to reschedule the interview no later than close of business on the day of the missed appointment, and
      b. Attend the second scheduled appointment.
   2. If the applicant fails to comply with the requirements in subsection (B)(1)(a) or (b) without good cause, the Department shall deny the application, and the applicant shall reapply in order to receive TC payments. Good cause for failure to comply with the requirements in subsection (B)(1)(a) or (b) is any unanticipated occurrence that, in the discretion of the Department, made it impossible or unreasonable for the applicant to attend the interview or contact the local office.

C. An applicant for assistance shall:
   1. Give the Department complete and truthful information;
   2. Inform the Department of all changes in income, assets, or other circumstances affecting eligibility that occur after the date of application for TC payments;
   3. Comply with Electronic Benefit Transfer (EBT) requirements; and
   4. Comply with any other procedural requirements contained in this Chapter or in state or federal law.

D. An applicant shall provide required verification of financial and nonfinancial eligibility factors, or request assistance from the Department in obtaining the information:
   1. An applicant shall provide the Department with all requested verification of financial and nonfinancial eligibility factors, or request the Department's assistance in obtaining the requested verification, within 10 calendar days from the date of a written request for such information.
   2. An applicant shall provide the Department with verification of financial and nonfinancial eligibility factors by submitting to the Department:
      a. Documents originating from an agency, organization, or individual qualified to have knowledge of the provided information; or
      b. When documents required in subsection (D)(2)(a) are not available to the applicant, the name, telephone number, and address of an agency, organization, or individual qualified to have knowledge of the requested eligibility information that the Department may use as a collateral contact; or
   c. When the items in subsections (D)(2)(a) and (b) are not available, a signed written statement from the applicant that describes facts specific to an eligibility factor. The Department shall not accept an applicant's signed written statement as acceptable verification of identity, relationship of household members, or expenses.

**Historical Note**

New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

**R6-13-107. Agency Responsibilities at the Initial Interview**

A. During the initial interview, a Department representative shall:
   1. Discuss how the applicant and the other assistance unit members previously met their needs and why they now need financial assistance;
   2. Provide the applicant with written information explaining:
      a. The terms, conditions, and obligations of the TC program;
      b. Any additional required verification information that the Department requires the applicant to provide in order to conclude the eligibility evaluation;
      c. The Department’s practice of exchanging eligibility and income information through the State Verification and Exchange System (SVES);
      d. The coverage and scope of the TC program;
      e. Related services that may be available to the applicant;
      f. The applicant’s rights, including the right to appeal adverse action;
      g. The requirement to report all changes, as specified in R6-13-138, within 10 calendar days from the date the change becomes known; and
      h. Other benefits for which any person in the assistance unit is potentially eligible and the requirement that any person in the assistance unit apply for and, if eligible, accept those other benefits;
   3. Inform the applicant that the Department shall assist the applicant in obtaining required verification at the request of the applicant, when the verification provided by the applicant is insufficient to complete an eligibility determination, or when the required verification is difficult or impossible for the applicant to obtain;
   4. Review the penalties for perjury and fraud, as printed on the application;
   5. Review any verification information provided with the application or at the initial interview;
   6. Review all ongoing reporting requirements and the potential consequences for failure to make timely reports, including overpayment liability; and
   7. Offer an applicant who is a United States citizen the opportunity to register to vote and provide the applicant with a voter registration form if requested.

B. The Department shall obtain independent verification or corroboration of information provided by the applicant when required by law, or when necessary to determine eligibility or benefit level.

C. The Department may verify or corroborate information by any reasonable means, including:
   1. Contacting third parties, such as employers;
   2. Asking the applicant to provide documented verification, such as billing statements or pay stubs;
3. Asking the applicant to provide a signed written statement that describes facts specific to an eligibility factor when documented or collateral verification is not available;
4. Conducting a computer data match through SVES; and
5. Referring a case to the Department’s Office of Special Investigations (OSI) for investigation when:
   a. The Department has a valid reason to suspect that an act has been committed for the purpose of deception, misrepresentation, or concealment of information relevant to a determination of eligibility or the amount of a benefit payment; or
   b. The Department has a valid reason to suspect the commission of theft or fraud related to TC eligibility or payments, or any conduct listed in A.R.S. § 46-215.

**Historical Note**
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

**R6-13-108. Processing the Initial Application**

**A.** The Department shall complete the eligibility determination and benefit level computation within 30 calendar days of the initial application filing date, unless:
   1. The applicant withdraws the application. An applicant may withdraw an application at any time before the Department completes an eligibility determination by requesting the withdrawal from the Department either verbally or in writing.
      a. If an applicant verbally requests to withdraw an application, the Department shall:
         i. Document the names of individuals and the types of benefits or services from which the applicant wishes to withdraw, and
         ii. Deny the application and notify the applicant.
      b. A withdrawal is effective as of the date of initial application.
      c. When an applicant withdraws an application, an applicant may file a new application to request TC payments.
   2. The applicant dies. If an applicant dies while the application is pending, the Department shall deny the application.
   3. The Department is aware of a delay in receiving verification of a required eligibility factor. In this case, the Department shall assist the applicant in obtaining the required verification, even if the delay extends beyond 30 days.

**B.** The Department shall deny an application and send the applicant a written notice of denial that shall include an explanation of appeal rights when the applicant fails to:
   1. Complete the application under R6-13-105(B);
   2. Complete an eligibility interview under R6-13-106;
   3. Cooperate with all required Department procedures without good cause; however, the Department shall not deny the application for this reason unless the Department has advised the applicant of these procedural requirements in writing;
   4. Meet all of the mandatory financial and nonfinancial eligibility criteria used to establish eligibility for the TC program; or
   5. Meet the verification requirements in R6-13-106(D).

**Historical Note**
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

**R6-13-109. Case Record**

**A.** The case record shall contain all data collected or used by the Department in evaluating and determining eligibility and benefit amount.

**B.** The Department shall maintain a case record for every TC applicant or recipient. The case record shall include all documents maintained or stored in any format.

**C.** Except as otherwise provided in subsections (D) and (E), the Department shall retain the case record for a period of three years after the last date the Department denied TC assistance to an applicant or terminated TC assistance to a recipient.

**D.** The Department shall retain a case record that contains an unpaid overpayment until:
   1. The overpayment is paid back in full, or
   2. The Department no longer requires the assistance unit to repay the overpayment.

**E.** The Department shall retain a case record that includes a disqualification imposed under A.R.S. § 13-3418, an Intentional Program Violation (IPV), or any other disqualification or sanction that prohibits the receipt of assistance.

**Historical Note**
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

**R6-13-110. Confidentiality**

The Department shall maintain the confidentiality of a TC applicant’s or recipient’s records and limit the release of safeguarded information to the Department of Health Services and as prescribed under 6 A.A.C. 12, Article 1 and 9 A.A.C. 6, Article 1.

**Historical Note**
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

**R6-13-111. Manuals**

The Department shall make the FAA Manual, as defined in R6-13-112, available to the public on the Department’s web site, and each FAA office shall make the FAA Manual accessible for public inspection during regular business hours.

**Historical Note**
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

**R6-13-112. Nonfinancial Eligibility Determination**

**A.** Age. An applicant for TC payments shall be at least 18 years of age.

**B.** Identity. An applicant for TC payments shall provide the Department with verification that reasonably establishes the applicant’s identity.
   1. Verification that reasonably establishes identity includes:
      a. A driver license or state-issued identification card that contains a photo of the applicant;
      b. Documents such as the applicant’s birth certificate, school identification card, citizenship and immigration documents, identification card from health benefits or other social service programs, wage stubs, work identification card, voter registration card, or other similar documents; or
      c. Collateral verification, as defined at R6-13-102, from an individual who shall not benefit from the applicant’s receipt of TC payments.
   2. An applicant’s written statement is not sufficient verification of identity.

**C.** Tuberculosis Certification. An applicant must be certified by the state Tuberculosis Control Officer to have active or suspected tuberculosis.
The Department shall consider a resource as countable to the
R6-13-115. Availability and Ownership of Resources
The Department shall verify all resources.

R6-13-114. Resource Verification
The Department shall verify all resources.

R6-13-116. Nonrecurring Lump-sum Payments
A. The Department shall count nonrecurring lump-sum pay-
ments, as defined in R6-13-102, as a resource in the month
received.

R6-13-117. Treatment of Income; Overview
A. “Income” shall include the following when actually received
by the assistance unit:
1. Gross earned wages from public or private employment
   before any deductions;
2. In-kind income, as defined in R6-13-102;
3. For self-employed persons, the sum of gross business
   receipts minus business expenses;
4. Unearned monetary gains such as benefits or assistance
   grants, minus any deductions to repay prior overpay-
   ments or attorney fees; and
5. A prorated share of any Cash Assistance program benefit
   received by the applicant’s spouse.

B. In determining eligibility, the Department shall consider all
gross income available to the assistance unit, except those
types of income excluded under R6-13-118.

R6-13-118. Income Exclusions
The Department shall not count the types of income in this Section
when determining the income available to an assistance unit.
1. One-half of the prorated share of any Cash Assistance
   program benefit received by the applicant’s spouse;
2. One-half of the prorated share of any Cash Assistance
   program benefit received by the applicant’s spouse;
3. Loans;
4. Educational grants or scholarships;
5. Income tax refunds;
6. The value of Nutrition Assistance (NA) program benefits
   and benefits from the Special Supplemental Food Pro-
   gram for Women, Infants, and Children (WIC);
7. Energy assistance payments or allowances provided
   under any federal, state, or local law, including Negative
   Rent Utility Payments issued by the Department of Hous-
   ing and Urban Development for the purpose of energy
   assistance;
8. Vendor payments, as defined in R6-13-102;
9. Vocational rehabilitation program payments made as
   reimbursements for training-related expenses, subsis-
   tence and maintenance allowances, and incentive pay-
   ments that are not intended as wages;
10. Agent Orange payments;
11. Burial benefits that are dispersed solely for burial
   expenses;
12. Reimbursements for work-related expenses that do not exceed the actual expense amount;
13. Insurance payments issued to repay a specific bill, debt, or estimate that cannot be used to meet basic daily needs such as housing, food, or other personal expenses;
14. Attorney fees that are included in the gross payment of industrial compensation paid under the workers’ compensation law or in legal settlements;
15. In-kind income, as defined in R6-13-102;
16. Earned income received from employment through the Workforce Investment Act (WIA), including earnings received from on-the-job-training; and
17. Any other income specifically excluded by applicable state or federal law.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-119. Determining Income Eligibility and a Cash Benefit Amount for an Assistance Unit
A. To determine the countable monthly income of an assistance unit, the Department shall:
1. Calculate a countable monthly gross income amount using the methods listed in R6-13-120, and
2. Calculate a countable monthly net income by subtracting the applicable earned income deduction in R6-13-123 from the countable monthly gross income.
B. The Department shall determine the cash benefit amount by subtracting the countable monthly net income from the TC Payment Standard for the number of eligible TC recipients in the assistance unit as prescribed in R6-13-124.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-120. Determining Monthly Gross Income
A. The Department shall calculate an assistance unit’s countable monthly gross income by converting countable income received other than monthly into a monthly amount using the methods in R6-13-121.
B. The Department shall include in its calculation all gross income from every source available to the assistance unit as provided in R6-13-118, unless specifically excluded in R6-13-118 or by federal or state law.
C. The Department shall include in its calculation income that the assistance unit has received and reasonably expects to receive in a benefit month and that is based on the Department’s reasonable expectation and knowledge of the assistance unit’s current, past, and anticipated future circumstances.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-121. Methods to Determine Monthly Income
A. The Department shall convert income received in a regular amount on an ongoing basis into a monthly amount as follows:
1. Multiply weekly amounts by 4.3,
2. Multiply biweekly amounts by 2.15,
3. Multiply semimonthly amounts by 2,
4. Divide quarterly amounts by 3,
5. Divide semianual amounts by 6, and
6. Divide annual amounts by 12.
B. Averaging income. The Department shall average income for an assistance unit that receives income:
   a. Irregularly; or

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-122. Income Verification
The Department shall verify all income as provided in R6-13-107 before determining eligibility and benefit amount.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-123. Earned Income Deduction
For the purpose of determining the countable monthly net income in R6-13-119(A)(2) and for use in the TC Payment Standard Test as provided in R6-13-124, the Department shall deduct a $24 work expense deduction from the countable monthly earned income of each employed person in the assistance unit.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-124. Determining Income Eligibility and Cash Benefit Amount
A. To determine income eligibility for a TC cash benefit, the Department shall:
1. Establish whether to use an A-1 Standard or an A-2 Standard shelter cost factor to complete the financial determination.
   a. The Department shall use the A-1 Standard when:
      i. The assistance unit pays, or has an obligation to pay, all or part of the shelter costs for the place in which assistance unit members reside. Shelter costs include rent, mortgage, and property taxes;
      ii. The assistance unit members reside in subsidized public housing; or
      iii. A member of the assistance unit works in exchange for rent.
b. The Department shall use the A-2 Standard:
   i. For all circumstances not covered under subsection (A)(1)(a), or
   ii. When an organization or a person who is not a member of the assistance unit pays shelter costs for three consecutive months or longer.

   a. Using the size of the assistance unit and the applicable A-1 or A-2 Standard, the Department shall compare the countable monthly net income to the applicable maximum TC cash benefit amount shown on the TC Payment Standard chart in subsection (A)(3).
   b. If the countable monthly net income is at least one dollar less than the TC maximum cash benefit amount, the household is eligible for TC benefits. If the countable monthly net income is equal to or greater than the TC maximum cash benefit amount, the assistance unit is ineligible for TC benefits.

3. The TC Payment Standard Chart.

<table>
<thead>
<tr>
<th>Number of Individuals</th>
<th>Maximum Monthly TC Cash Benefit For A-1 Standard (Based on 0 Countable Income)</th>
<th>Maximum Monthly TC Cash Benefit For A-2 Standard (Based on 0 Countable Income)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$173</td>
<td>$108</td>
</tr>
<tr>
<td>2</td>
<td>$233</td>
<td>$145</td>
</tr>
<tr>
<td>3</td>
<td>$293</td>
<td>$183</td>
</tr>
<tr>
<td>4</td>
<td>$353</td>
<td>$220</td>
</tr>
<tr>
<td>5</td>
<td>$412</td>
<td>$258</td>
</tr>
<tr>
<td>6</td>
<td>$472</td>
<td>$295</td>
</tr>
<tr>
<td>Each additional</td>
<td>$60</td>
<td>$38</td>
</tr>
</tbody>
</table>

B. To determine the amount of the cash benefit payment:
   1. The Department shall deduct the countable monthly net income from the maximum cash benefit amount, as shown in the chart in subsection (A)(3), and round the difference down to the next whole dollar. The Department shall pay that amount to the assistance unit.
   2. The Department shall prorate the initial month’s benefits by the number of days remaining in the month from the application filing date.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-125. Benefit Payments

A. The Department shall pay benefits to an assistance unit for each month in which the Department determines it to be eligible.

B. The Department shall make benefits available no later than the 30th day following the date of application for the initial month, and on the first day of each month for which the assistance unit is eligible thereafter.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-126. Payment Method

The Department shall provide benefit payments by making direct deposits into:

1. An Electronic Benefit Transfer (EBT) account established for the assistance unit by the Department, or

2. A financial institution account established by the recipient.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-127. EBT Card Issuance

A. The Department shall authorize access to an EBT account to:
   1. The recipient; or
   2. An EBT Alternate Card Holder, as provided in R6-13-128.

B. The Department shall:
   1. Provide the recipient with a brochure that explains EBT usage,
   2. Inform the recipient that the EBT card will be issued to the recipient by mail,
   3. Provide the recipient with the EBT provider’s Customer Service Hotline telephone number in order for the recipient to obtain a Personal Identification Number (PIN) and to report EBT account problems, and
   4. Inform the recipient about the availability of TC Direct Deposit into an open banking account and the process for establishing Direct Deposit.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-128. EBT Alternate Card Holder

A recipient may designate up to two EBT Alternate Card Holders who shall have full access to the TC benefit available in the EBT account. The EBT Alternate Card Holder shall:

1. Receive his or her own EBT card by mail, and
2. Contact the EBT provider’s Customer Service Hotline telephone number in order to obtain a Personal Identification Number (PIN).

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-129. Change in Arizona Residency

When an assistance unit moves to another state, it is entitled to any benefits remaining in its EBT account. The assistance unit may obtain benefits by accessing the account with the EBT card before leaving Arizona or at an Automated Teller Machine (ATM) displaying the QUEST symbol in the assistance unit’s new state of residence.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-130. Replacing Lost, Stolen, or Damaged Cards

The assistance unit shall report a lost, stolen, or damaged EBT account access card as soon as possible, either by telephone to the EBT 24-hour Customer Service Hotline or to the Department during normal business hours.

1. Any funds removed from an EBT account prior to the assistance unit’s reporting the card as lost or stolen will not be replaced.
2. When the client reports a lost, stolen, or damaged EBT account access card by telephone to the EBT 24-hour Customer Service Department, the EBT 24-hour Customer Service Department shall deactivate the EBT account access card and shall issue a new card by mail.
3. The Department shall issue a replacement card when the recipient reports having not received a new EBT account access card by mail by the close of business on the fourth
workday following the date the recipient requested a replacement card from the EBT 24-hour Customer Service Department.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-131. Inactive Accounts; Unused Benefits
The assistance unit shall retain the right to access the EBT account for one year from the original date of benefit availability, regardless of the status of the TC case.

A. If the assistance unit does not access an EBT account for 60 days, the Department shall notify the assistance unit in writing. The notice shall state that immediate access to the EBT account will terminate in 30 days unless the assistance unit contacts the Department or accesses the EBT account.

B. The assistance unit shall lose immediate access to any benefits in an EBT account that has been inactive for 90 days. To regain access to these benefits, the assistance unit shall contact the Department and request that it reinstate the assistance unit to the EBT account.

C. If the assistance unit has not accessed benefit payments in an EBT account for 365 days after the original date of availability, the Department shall recoup the benefits, and the assistance unit shall lose all rights to regain those benefits.

D. Upon the death of a TC payment recipient, the Department shall recoup from the EBT account any TC payments paid to the recipient after the month of the recipient’s death.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-132. Supplemental Payments
A. The Department shall correct underpayments of TC assistance by issuing the assistance unit a supplemental payment regardless of whether the underpaid individual is eligible on the date the supplemental payment is issued.

B. The Department shall not count such supplemental payments as a resource or as income.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-133. Overpayments: Date of Discovery; Collection
An overpayment exists when an assistance unit receives a TC payment that exceeds the amount the assistance unit was eligible to receive.

1. The Department shall pursue collection of all overpayments under A.R.S. § 46-213.

2. The Department shall send the recipient a notice of overpayment within 90 days of the date of discovery. The date of discovery is the date the FAA has all of the information necessary to accurately calculate a potential overpayment and writes an overpayment report to the Department’s Office of Accounts Receivable and Collections (OARC).

3. If the FAA suspects that fraudulent activity caused the overpayment, the FAA shall refer the potential overpayment to the Department’s Office of Special Investigations (OSI) for further investigation and potential prosecution. The overpayment report may be delayed pending the outcome of the OSI investigation.

4. The Department’s failure to comply with the time-frame in subsection (2) shall not affect the validity or collection of the overpayment.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-134. Methods of Collection and Recoupment
A. When an overpaid assistance unit is currently receiving benefits, the Department shall seek recovery using one or more of the following repayment methods:

1. Offset against any amounts underpaid to the assistance unit and due in the current month;

2. Cash payments;

3. Reduction in current benefits in an amount not to exceed 10% of the assistance unit’s monthly payment, unless the assistance unit desires a larger reduction; or

4. A combination of the above methods.

B. If the assistance unit is not receiving benefits, the Department shall pursue recovery by appropriate action under state law.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-135. Overpayment Calculation Date
When determining an overpayment amount, an assistance unit’s overpayment period begins in one of the following:

1. The benefit month for which an initial TC payment is issued, when the assistance unit was ineligible for the amount of assistance paid; or

2. The first day of the second month following the month in which a change that caused the overpayment of the TC payment occurred.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-136. Completion of Treatment
When the Department of Health Services notifies the FAA that an individual receiving TC payments has completed treatment for active or suspected tuberculosis, that individual is no longer eligible for TC payments.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-137. Eligibility Review
A. The Department shall complete a review of all eligibility factors for each assistance unit at least once every six months. The first eligibility review shall begin in the fifth month following the first month of TC eligibility.

B. The Department shall mail, or otherwise transmit as provided by law, the recipient a notice 30 days prior to the Department’s review date advising the recipient of the need for a review. The recipient shall file an application and complete a review interview by the date specified on the notice.

C. The Department shall schedule and conduct a review interview in the same manner as an initial interview, described in R6-13-106.

D. The Department shall verify the assistance unit’s resources and income and any eligibility factors that have changed or are subject to change. The Department shall also verify with the state Tuberculosis Control Officer that the individual continues to have active or suspected tuberculosis and that the individual continues to receive treatment for that condition. The
Department may verify other factors if current verification is not in the case file.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

A. The assistance unit shall report, verbally or in writing, all changes that have the potential to affect eligibility or the benefit amount within 10 days from the date the change becomes known. This includes changes to any of the following:
1. Residential address;
2. Shelter expenses to establish the applicable A-1 or A-2 shelter cost factor used to complete the financial eligibility determination, described in R6-13-124;
3. Sources and amounts of income, financial assistance, or any other assistance that provides help to the assistance unit members in meeting their needs;
4. Disability and employability status of the TC payment recipient;
5. Approval or denial of federal disability benefits by the Social Security Administration;
6. Individuals residing in the home; and
7. Types, sources, and amounts of resources.
B. The assistance unit shall provide any verification of changes requested in writing by the Department on or before the verification due date specified on the Department's request for verification, using the verification methods prescribed in R6-13-106.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-139. Agency Responsibilities for Processing Changes
A. The Department shall redetermine eligibility for TC benefits and, if applicable, recalculate a TC benefit amount when the assistance unit reports a change directly to the Department, when someone acting on behalf of the assistance unit reports a change, or if an automated system report reveals a change.
B. When a change results in either a decrease in the cash benefit or renders the assistance unit ineligible for TC payments, the Department shall effect the change within 10 days from the date the change was reported, when possible, using one of the following methods:
1. Reduce the benefit or terminate eligibility for the first possible month allowing time for notice of adverse action requirements prescribed in R6-13-141, without further verification, if there is sufficient and reliable information to effect the change; or
2. Attempt to obtain verification by the 10th day from the date the change was reported when there is not sufficient information to effect the change without additional verification. The Department shall:
   a. Send the assistance unit a written request for verification with a due date that is the 10th day from the date the verification is requested; and
   b. Contact third parties to obtain the needed verification, when possible.
C. If the assistance unit fails to provide the requested verification by the due date and does not request assistance from the Department to obtain the verification, the Department shall terminate TC payments for the first possible month, allowing time for notice of adverse action requirements prescribed in R6-13-141.
D. When a reported change results in an increase in the cash benefit, the Department shall effect the increase only after the change has been verified. The Department shall send the assistance unit a written request for verification with a due date that is 10 days from the date the Department mails the written request, or otherwise transmits the written request as provided by law.
   1. When the assistance unit provides the requested verification on or before the due date, the Department shall increase the cash benefit for the first monthly payment issued after the date the change is reported.
   2. When the assistance unit provides the requested verification after the due date, the Department shall increase the cash benefit for the first monthly payment issued after the date the verification is received.
   3. When the assistance unit does not provide the requested verification, the Department shall not increase the cash benefit but shall continue issuing the current cash benefit amount.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-140. Reinstatement of Terminated Benefits
A. The Department shall reinstate terminated benefit payments within 10 calendar days when:
1. The Department terminated benefit payments in error,
2. The Department receives a court order or administrative hearing decision mandating reinstatement, or
3. The recipient timely files a request for fair hearing and requests continued benefits as provided in R6-13-146.
B. When a six-month review under R6-13-137 was not completed due to the termination of benefits, the Department shall conduct the review at the earliest opportunity following reinstatement.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-141. Notice of Adverse Action
A. A notice of adverse action shall contain:
1. The adverse action taken,
2. The reason for the adverse action,
3. The effective date of the adverse action,
4. The name and telephone number of the Administration office to contact for additional information,
5. The telephone number for free legal assistance, and
6. The recipient's appeal rights.
B. Timely Notice of Adverse Action.
1. When the Department intends to reduce or terminate benefits, the Department shall provide the assistance unit with a timely notice of adverse action under this subsection, unless the reduction or termination is for one of the reasons in subsection (C).
2. The Department shall mail the notice of adverse action by first-class mail, postage prepaid, or otherwise transmit the notice as provided by law, to the last known residential address for the assistance unit or other designated address for the assistance unit so that the Department can reasonably expect the assistance unit to receive the notice at least 10 days prior to the first day of the month in which the reduction or termination of benefits shall occur.
C. The Department may dispense with timely notice, but shall mail, first-class, postage prepaid, or otherwise transmit as provided by law, the notice of adverse action to the last known residential address for the assistance unit or other designated address for the assistance unit, so that the Department can reasonably expect the assistance unit to receive the notice no later
than the first day of the month in which the reduction or termination of benefits shall occur, when:
1. A recipient makes a written or verbal request for termination,
2. A recipient is ineligible because of admission to a facility where the recipient’s needs are being met. This includes:
   a. Incarceration,
   b. Long-term hospitalization when the recipient is not expected to return to the home, and
   c. Institutionalization in a skilled nursing care or intermediate care facility,
3. The recipient’s address is unknown,
4. The Department has verified that another state has accepted the recipient for assistance, or
5. An administrative tribunal or court of law has found that the recipient committed an Intentional Program Violation (IPV).

**Historical Note**
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-142. Entitlement to a Hearing: Appealable Action
A. An applicant or recipient who appeals an adverse action is entitled to request an administrative hearing to challenge the action as provided in this Article.
B. An adverse action resulting from a uniform change in federal or state law is not appealable unless the Department misapplies the law to the person seeking the hearing.

**Historical Note**
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-143. Computation of Time
A. In computing any time period:
   1. “Day” means a calendar day;
   2. “Workday” means Monday through Friday, excluding Arizona state holidays;
   3. The Department does not count the date of the act, event, notice, or default from which a designated time period begins to run as part of the time period; and
   4. The Department counts the last day of the designated time period unless it is a Saturday, Sunday, or Arizona state holiday.
B. The Department deems a document that the Department mailed as given to the addressee on the date mailed, or otherwise transmitted as provided by law, to the addressee’s last known address. The Department presumes that the mailing date is the date shown on the document unless the facts show otherwise.

**Historical Note**
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-144. Request for Hearing: Form; Time Limits; Presumptions
A. A person who wishes to appeal an adverse action shall make a verbal or written request for a hearing to the FAA within 30 days of the date on the notice or letter advising the person of the adverse action. The FAA shall provide a form for this purpose and, upon request, shall help an appellant complete the form. If the person makes a verbal request for hearing, the FAA shall reduce the appeal and the stated reasons for the appeal to writing, record the date of the verbal request, and forward the request to the Office of Appeals.
B. An appellant shall include the following information in the request for hearing:
   1. Name, address, and telephone number of the individual subject to the adverse action;
   2. A description of the adverse action that is the subject of the appeal;
   3. The date of the notice of adverse action; and
   4. A statement explaining why the adverse action is unauthorized, unlawful, or an abuse of discretion.
C. The Department shall process an appeal even if the request does not include all the information listed in subsection (B), as long as the request contains sufficient information for the Department to determine the identity of the appellant.
D. The Department deems a request for hearing filed on:
   1. The mailing date as shown by the postmark if the appellant sent the request by first-class mail, postage prepaid, through the United States Postal Service to the Department; or
   2. The date the Department actually receives the request, if not mailed as provided in subsection (D)(1).
E. A document is timely filed if the sender of the document can demonstrate that any delay in submission was due to any of the following reasons:
   1. Department error or misinformation,
   2. Delay or other action by the United States Postal Service, or
   3. Delay due to the appellant’s changing mailing addresses at a time when the appellant had no duty to notify the Department of the change.
F. When the Office of Appeals receives a request for a hearing that the appellant did not timely file, the Office of Appeals shall schedule a hearing to determine whether the delay in submission is excusable, as provided in subsection (E).
G. An appellant whose appeal the Office of Appeals denies as untimely is entitled to petition for review of this issue as provided in R6-13-158.

**Historical Note**
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-145. Family Assistance Administration: Transmission of Appeal
A. The FAA shall notify the Office of Appeals of a request for hearing within two workdays of receipt of the request.
B. No less than 10 workdays before the scheduled hearing date, unless otherwise ordered, the FAA shall send the Office of Appeals and the appellant a prehearing summary. The prehearing summary shall include, at a minimum:
   1. The appellant’s name,
   2. The appellant’s Social Security number,
   3. The local office that issued the adverse action under appeal,
   4. A brief summary of the facts leading to the adverse action, and
   5. The legal or Administration policy basis for the adverse action.

**Historical Note**
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-146. Stay of Adverse Action Pending Appeal
A. The Department shall stay the implementation of the adverse action until the hearing officer renders a decision on the appeal, if the appellant makes a request to stay the adverse action within 10 days from the date the Department mails the notice of adverse action, or otherwise transmits the notice as provided by law, except in the following circumstances:
1. The appellant expressly waives the delay of adverse action,
2. The adverse action is a result of a uniform change in federal or state law,
3. The appellant is requesting continued benefits when the time period for which the Department has approved benefits has expired,
4. The Department has denied the appellant’s initial or renewal application,
5. The appeal challenges an action that is not appealable according to R6-13-142(B),
6. The appellant withdraws the request for hearing, or
7. The appellant fails to appear for the hearing without good cause.

B. The Department shall extend the 10-day time period in subsection (A) if the appellant establishes good cause. Good cause includes any unanticipated occurrence that, in the discretion of the Department, made it impossible or unreasonable for the appellant to make the request as specified in subsection (A).

R6-13-147. Hearings; Location; Notice; Time
A. The Office of Appeals shall schedule the hearing. The Office of Appeals may schedule a telephonic hearing or permit a witness, upon request, to appear telephonically.
B. Unless the parties stipulate to another hearing date, the Office of Appeals shall schedule the hearing no earlier than 20 days from the date the Department receives the appellant’s request for hearing.
C. The Office of Appeals shall mail, or otherwise transmit as provided by law, a notice of hearing to all interested parties at least 20 days before the scheduled hearing date.
D. The notice of hearing shall be in writing and shall include the following information:
1. The date, time, and place of the hearing;
2. The name of the hearing officer;
3. A general statement of the issues involved in the case;
4. A statement listing the parties’ rights as specified in R6-13-142(B); and
5. A general statement of the hearing procedures.

R6-13-148. Postponing the Hearing
A. A party may ask for postponement of a hearing by calling or writing the Office of Appeals and providing good cause as to why the Office of Appeals should postpone the hearing. Good cause exists if circumstances beyond the party’s reasonable control make it unduly difficult or burdensome for the party or the party’s counsel to attend the hearing on the scheduled date.
B. Except in emergency circumstances, the appellant shall ensure that the Office of Appeals receives the request for postponement at least five workdays before the scheduled hearing date. The Office of Appeals is entitled to deny an untimely request. Emergency circumstances mean circumstances:
1. Beyond the reasonable control of the party,
2. That did not arise until after the five-day period, and
3. That the party could not reasonably anticipate.
C. When the Office of Appeals reschedules a hearing under this Section, the Office of Appeals shall mail, or otherwise transmit as provided by law, the notice of rescheduled hearing at least 11 days prior to the date of the rescheduled hearing.
The claimant and the Department have the following rights:

R6-13-151. Subpoenas
A. A party who wishes to have a witness testify at a hearing or to offer a particular document or item in evidence shall first attempt to obtain the witness or evidence by voluntary means. Department documents are available to the appellant as prescribed in R6-13-152(2).
B. If the party cannot procure the voluntary attendance of the witness or production of the evidence, the party may ask the hearing officer assigned to the case to issue a subpoena for a witness, document, or other physical evidence or to otherwise obtain the requested evidence.
C. The party seeking the subpoena shall send the hearing officer a written request for a subpoena. The request shall include:
   1. The case name and number;
   2. The name of the party requesting the subpoena;
   3. The name and address of any person to be subpoenaed, with a description of the subject matter of the witness’s anticipated testimony;
   4. A description of any documents or physical evidence the appellant desires the hearing officer to subpoena, including the title, appearance, and location of the item if the appellant knows its location, and the name and address of the person in possession of the item;
   5. A statement about the expected substance of the testimony or other evidence as well as the relevance and importance of the requested testimony or other evidence; and
   6. A description of the party’s efforts to obtain the witness or evidence by voluntary means.
D. A party who wants a subpoena shall ask for the subpoena at least five days before the scheduled hearing date.
E. The hearing officer shall deny the request if the witness’s testimony or the physical evidence is not relevant to an issue in the case or is duplicative.
F. The Office of Appeals shall prepare all subpoenas and serve them by mail, except as provided in subsection (B);
   1. The hearing officer shall remove for cause, as provided in subsections (E) through (G).
I. The Office of Appeals shall send the parties written notice of the new hearing officer assignment.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-153. Withdrawal of an Appeal
A. An appellant may withdraw an appeal at any time prior to the time the hearing officer renders a decision.
   1. An appellant may withdraw an appeal verbally, either in person or by telephone. The Department may record the audio of the withdrawal.
   2. An appellant may withdraw an appeal by signing a written statement expressing the intent to withdraw. The Department shall make a withdrawal form available for this purpose.
B. The Office of Appeals shall dismiss the appeal upon receipt of a withdrawal request signed by the appellant or the appellant’s representative, or upon receipt of a statement of withdrawal made on the record when the hearing officer has accepted the withdrawal.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-154. Failure to Appear; Default; Reopening
A. If an appellant fails to appear at the scheduled hearing, the hearing officer shall:
   1. Enter a default and issue a decision dismissing the appeal, except as provided in subsection (B);
   2. Rule summarily on the available record; or
   3. Adjourn the hearing to a later date and time.
B. The hearing officer shall not enter a default if the appellant notifies the Office of Appeals before the scheduled time of hearing that the appellant cannot attend the hearing because of good cause and still desires a hearing or wishes to have the matter considered on the available record.
C. A party who did not appear at a scheduled hearing date may file, no more than 10 days after a dismissal date, a request to reopen the proceedings. The request shall be in writing and shall demonstrate good cause for the party’s failure to appear.
D. The hearing officer shall set the matter for a hearing to determine whether the appellant had good cause for failing to appear.
E. If the hearing officer finds that the party had good cause for failure to appear, the hearing officer shall reopen the proceedings and schedule a new hearing with notice to all interested parties as prescribed in R6-13-147.
F. The Office of Appeals shall consider the petition for reopening and shall notify the hearing officer whether to order the hearing to resume. If the hearing officer determines that a new hearing is not necessary, the Department may deny the request for reopening.

Historical Note
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).
D. The Office of Appeals shall record all hearings. The Office of
C. The Arizona Rules of Evidence do not apply at the hearing.

Historical Note
New Section made by final rulemaking at 18 A.A.R.
1175, effective June 30, 2012 (Supp. 12-2).

R6-13-155. Hearing Proceedings
A. The hearing is a de novo proceeding. The Department has the
initial burden of going forward with evidence to support the adverse action being appealed.
B. To prevail, the appellant shall prove, by a preponderance of the
evidence, that the Department’s action was unauthorized,
unlawful, or an abuse of discretion.
C. The Arizona Rules of Evidence do not apply at the hearing.
D. The Office of Appeals shall record all hearings. The Office of Appeals need not transcribe the proceedings unless a transcription is required for further administrative or judicial proceedings.
E. The Office of Appeals charges a fee of 15¢ per page for providing a transcript. A party may obtain a waiver of the fee by submitting an affidavit stating that the party cannot afford to pay for the transcript.
F. A party may, at his or her own expense, arrange to have a court reporter present to transcribe the hearing, provided that such transcription does not delay or interfere with the hearing. The Office of Appeal’s recording of the hearing shall constitute the official record of the hearing.
G. The hearing officer shall call the hearing to order and dispose of any prehearing motions or issues.
H. With the consent of the hearing officer, the parties may stipulate to factual findings or legal conclusions.
I. Upon request and with the consent of the hearing officer, a party may make opening and closing statements. The hearing officer shall consider any statements as argument and not evidence.
J. A party may testify, present evidence, and cross-examine adverse witnesses. The hearing officer may also take witness testimony or admit documentary or physical evidence on his or her own motion.
K. The hearing officer shall keep a complete record of all proceedings in connection with an appeal.
L. The hearing officer may require the parties to submit memoranda on issues in the case if the hearing officer finds that the memoranda would assist the hearing officer in deciding the case. The hearing officer shall establish a briefing schedule for any required memoranda.

Historical Note
New Section made by final rulemaking at 18 A.A.R.
1175, effective June 30, 2012 (Supp. 12-2).

R6-13-156. Hearing Decision
A. No later than 60 days after the date the appellant files a request for hearing with the Department, the hearing officer shall render a decision based solely on the evidence and testimony produced at the hearing and the applicable law. The 60-day time limit is extended for any delay necessary to accommodate hearing continuances or extensions, or postponements requested by a party.
B. The hearing decision shall include:
1. Findings of fact concerning the issue on appeal,
2. Citations to the law and authority applicable to the issue on appeal,
3. A statement of the conclusions derived from the controlling facts and law and the reasons for the conclusions,
4. The name of the hearing officer,
5. The date of the decision, and
6. A statement of further appeal rights and the time period for exercising those rights.
C. The Office of Appeals shall mail, or otherwise transmit as provided by law, a copy of the decision to each party’s representative or to the party if the party is unrepresented.

Historical Note
New Section made by final rulemaking at 18 A.A.R.
1175, effective June 30, 2012 (Supp. 12-2).

R6-13-157. Effect of the Decision
A. If the hearing officer affirms the adverse action against the appellant, the adverse action is effective as of the date of the initial determination of adverse action by the Department. The adverse action remains effective until the appellant appeals and obtains a higher administrative or judicial decision reversing or vacating the hearing officer’s decision.
B. If the hearing officer vacates, sets aside, or reverses the Administration’s decision to take adverse action, the Administration shall not take the action or shall reverse any adverse action taken unless and until the Appeals Board, under A.R.S. § 23-672, or Arizona Court of Appeals issues a decision affirming the adverse action.

Historical Note
New Section made by final rulemaking at 18 A.A.R.
1175, effective June 30, 2012 (Supp. 12-2).

R6-13-158. Further Administrative Appeal
A. A party can appeal an adverse decision issued by a hearing officer to the Department’s Appeals Board as prescribed in A.R.S. § 41-1992(C) and (D) by filing a written petition for review with the Office of Appeals within 15 days of the mailing date, or the transmittal date when transmitted in a manner other than by mail, as provided by law, of the hearing officer’s decision.
B. The petition for review shall:
1. Be in writing,
2. Describe why the party disagrees with the hearing officer’s decision, and
3. Be signed and dated by the party or the party’s representative.
C. The party petitioning for review shall mail a copy of the petition to all other parties.
D. The Appeals Board is not obligated to have the proceedings of the hearing transcribed.

Historical Note
New Section made by final rulemaking at 18 A.A.R.
1175, effective June 30, 2012 (Supp. 12-2).

R6-13-159. Appeals Board
A. The Appeals Board shall conduct proceedings in accordance with A.R.S. §§ 41-1992(D) and 23-672.
B. Following notice to the parties, the Appeals Board may receive additional evidence or hold a hearing if the Appeals Board finds that additional information will help in deciding the appeal. The Appeals Board may also remand the case to the Office of Appeals for rehearing, specifying the nature of the additional evidence required or any further issues for consideration.
C. The Appeals Board shall decide the appeal based solely on the record of proceedings before the hearing officer and any further evidence or testimony presented to the Appeals Board.  
D. The Appeals Board shall issue and mail, or otherwise transmit as provided by law, to all parties a final written decision affirming, reversing, setting aside, or modifying the hearing officer’s decision. The decision of the Appeals Board shall specify the parties’ rights to further review and the time for filing a request for review.

Historical Note  
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-160. Judicial Review  
Any party adversely affected by an Appeals Board decision may seek judicial review as prescribed in A.R.S. § 41-1993.

Historical Note  
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-161. Availability of TC Payments  
The availability of TC payments is subject to budgetary restrictions.

Historical Note  
New Section made by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

ARTICLE 2. APPLICATION AND CONTINUED ELIGIBILITY  

R6-13-201. Application  
A person requests assistance or service by submission of a signed written application, verified by the applicant’s oath upon forms prescribed by the Department of Economic Security.  
1. Unrestricted opportunity to apply. Any person who desires assistance shall be given unrestricted opportunity to apply and a courteous interview.  
2. Maintenance of personal dignity. All activity concerned with the eligibility determination process shall be conducted in a manner which enables the applicant to maintain his personal dignity and integrity.  
3. Application process. When a person expresses a desire to apply for assistance, the person shall be given an application and an information pamphlet. The person will then be interviewed by an Eligibility Worker and an official application will be completed.  
   a. The applicant shall be informed that the applicant must make an official application which shall be completed, dated, and signed by the applicant or the applicant's authorized representative.  
   b. A place where the application can be completed shall be made available for the applicant.  
   c. If necessary, the applicant shall be given assistance to fill out the application. The applicant may be represented and assisted by an individual of the applicant’s choice if the applicant desires.  
   d. The effective date of application is the date it is received in the local office.  
   e. Each applicant will be given an explanation of the right to appeal any action or failure to act by the Department.  
   f. Each new application will be reported within one working day from the time it is received.  
   g. To be eligible for any assistance program other than EA, a client must have a locational address and furnish clear instructions as to how the client’s home can be located.

4. Concurrent assistance. An individual may apply for assistance from any available program but may not be an active recipient of assistance on more than one financial assistance program. However, a client may receive assistance concurrently on both the Tuberculosis Control (TC) and Aid to Families With Dependent Children (AFDC) programs.

5. Adding a person to an active AFDC case. A client who desires another person to be added to the person’s active AFDC case must submit a written request. The effective date of the request is the date it is received in the local office.

Historical Note  
R6-13-201 recodified from A.A.C. R6-3-201 effective February 13, 1996 (Supp. 96-1).

R6-13-202. Worker Responsibility  
A. Applications shall be decided upon within prescribed time limits except in unusual circumstances, in which instance the case record must show the cause for delay. Eligibility must be determined for SP, MAA and TC within 30 days; within 60 days for GA; and within 45 days for AFDC. If an application must pend beyond the prescribed time limit, the Department shall inform the applicant, in writing, of the reason for the delay and of the applicant’s right to appeal.

B. When an individual applies for assistance, the Eligibility Worker shall explain the functions, policies, programs and services of the Department. At the time of application and each redetermination, the Eligibility Worker shall also explain the penalties for withholding information, giving information, and fraud. The client shall be informed of the Department’s responsibility to protect the confidential nature of information developed.

C. The Eligibility Worker shall explain program eligibility requirements which must be verified.

D. The Eligibility Worker shall explain resources available to the applicant, how the applicant has met basic needs in the past, and the reason the applicant needs assistance at this time. If applicable income exceeds the adjusted budgeted need, the assistance unit is ineligible for public assistance.

E. Every AFDC applicant shall be informed that the applicant may apply for Social Services.

Historical Note  
R6-13-202 recodified from A.A.C. R6-3-202 effective February 13, 1996 (Supp. 96-1).

R6-13-203. Home Visits  
A home visit is mandatory prior to approval of an AFDC application and when redeterminations are made. On an Indian Reservation the home visit interview may take place at a location convenient to both the applicant and the Eligibility Worker.  
1. A home visit may be made to any other time to obtain needed information.  
2. An office visit can be arranged when necessary to develop referrals or obtain information.

Historical Note  
R6-13-203 recodified from A.A.C. R6-3-203 effective February 13, 1996 (Supp. 96-1).

R6-13-204. Applicant and Recipient Responsibility  
A. An applicant for or recipient of assistance shall cooperate with the Department as a condition of initial and continuing eligibility. The applicant for or recipient of assistance shall:  
1. Give the Department complete and truthful information;  
2. Inform the Department of all changes in income, assets, or other circumstances affecting eligibility or the amount
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of the assistance payment within 10 days from the date the change occurs; and
3. Comply with all the Department’s procedural requirements.

B. The Department may deny an application for assistance, reduce or terminate benefits, or change the manner of payment if the applicant or recipient fails or refuses to cooperate without good cause. However, the Department shall not impose such sanctions for failure to comply with a procedural requirement about which the Department has not advised the applicant or recipient in writing.

Historical Note
R6-13-205 recodified from A.A.C. R6-3-205 effective February 13, 1996 (Supp. 96-1).

R6-13-205. Authorizing Assistance
The Department shall decide, according to policies and rules, if the applicant is eligible for the assistance applied for and shall determine the amount of assistance and the date upon which it shall begin. The applicant shall be notified of the decision in writing.

1. Assistance for the first month of eligibility will be made by a PAAR Fund check for all programs except TC. A PAAR check will not be issued if the applicant is found ineligible for all retroactive months, and the warrant processing deadline for the applicant’s first month of eligibility can be met.
2. A PAAR check, charged to Emergency Assistance, may be written to meet the immediate needs of applicants whose applications are pending for categorical assistance, provided they are U.S. citizens or aliens lawfully admitted for permanent residence.
3. No restriction may be placed upon the manner in which the recipient spends the recipient’s grant.
4. If a person is added to an active AFDC case in accordance with R6-13-201(A)(5), and that person is eligible for retroactive payments, supplemental payment will be issued for all eligible months as far back as, and including, the month the request was received in the local office, but not for any prior month.

Historical Note
R6-13-205 recodified from A.A.C. R6-3-205 effective February 13, 1996 (Supp. 96-1).

R6-13-206. Disposition of Application
A. Approval. When all eligibility requirements have been verified, assistance will be approved and an approval letter will be sent to the applicant.
B. Denial.
1. When one or more points of ineligibility are found, assistance will be denied, and a denial letter will be sent to the applicant.
2. All reasons for ineligibility found will be noted on the decision letter and reference made to the appropriate rules.
3. An individual whose application has been denied may appeal within 15 days of the date of action.
C. Withdrawal. An applicant may withdraw the application at any time by written request. When an applicant voluntarily withdraws an application, the applicant’s right to appeal is forfeited.
D. Other. An application may be disposed of if:
1. The applicant has filed a duplicate application for the same type of assistance.
2. The applicant leaves the state prior to determination of eligibility.
3. The applicant has moved and cannot be located.
4. The applicant dies before the application is processed.
5. The applicant refuses to provide information necessary to determine eligibility or correct grant amount.

Historical Note
R6-13-206 recodified from A.A.C. R6-3-206 effective February 13, 1996 (Supp. 96-1).

R6-13-207. Stopping, Suspending, or Changing the Assistance Grant
A. Whenever circumstances require a reduction, suspension, or stopping of the assistance grant, a decision letter will be mailed to the recipient. With the exceptions listed under subsection (C) below, the recipient will be given 10 days’ notice prior to the date of the proposed action.
B. With the exceptions listed under subsections (C) and (D) below, if a recipient requests a hearing within the 10-day period, the proposed action will not be taken until the hearing decision is published.
C. In the following instances the 10-day advance notice is not required, but a decision letter must be mailed prior to the effective date of action.
1. The payee dies and, in AFDC cases, no emergency payee is available.
2. The recipient requests termination in writing.
3. The recipient is in an institution and ineligible.
4. The recipient is placed in skilled nursing care, intermediate care, or long-term hospitalization.
5. A recipient’s address is unknown.
6. A recipient has been accepted for assistance by another state, and this fact has been verified, or has become eligible for SSI and has received the recipient’s first SSI benefit payment.
7. An AFDC child is legally removed from the home or is voluntarily placed in foster care by the child’s legal guardian.
8. The sole issue is a change of state or federal law which requires automatic grant adjustments for classes of recipients.
9. The recipient furnishes information in writing which results in suspension, reduction, or termination of assistance and the recipient is aware of the results.
D. The Department may deny or dismiss a request for a hearing as well as stop, suspend, or change the grant when:
1. An ES-WIN deregistration occurred because the client refused to accept employment or participate in WIN without good cause.
2. The client has failed to request a hearing within the 10 days advance notification period.
3. The sole issue is a change of state or federal law which requires automatic grant adjustments for classes of recipients.
E. The Department may stop, suspend, or change the grant when:
1. The request for a hearing has been withdrawn by the client in writing.
2. The client or the client’s representative failed to appear at the scheduled time of the client’s hearing and has not requested rescheduling of the hearing.
F. A grant is suspended when there is a temporary period of ineligibility. Suspension shall not be used as a substitute for a case decision.
1. A suspended case is to be considered as an active case.
2. Whenever eligibility is re-established, the grant will be resumed and a decision letter sent.
3. No case will be suspended longer than three consecutive months. If ineligibility continues past the third month, the case must be closed.
4. A case can be closed for financial (income) ineligibility only after the third consecutive month of suspension, and no sooner.

G. If a hearing decision declares an improper denial or reduction of payment, the local office will authorize payments in compliance with the hearing decision.

H. If it is not possible to complete a redetermination because the recipient failed to keep a necessary appointment or supply required information, notification of proposed stop or suspension of the grant will be mailed.

**Historical Note**
R6-13-207 recodified from A.A.C. R6-3-207 effective February 13, 1996 (Supp. 96-1).

R6-13-208. **Reserved**

R6-13-209. **Redetermination**
Redetermination of eligibility for AFDC, GA, and TC is required every six months and every 12 months for SP and MAA.

1. The Eligibility Worker will do a case study prior to redetermination to assure that all eligibility requirements have been satisfied and the assistance grant has been correct since the last redetermination.

2. Recipients are the primary source of information regarding eligibility. If they are unable to obtain information, the Department will assist.

3. A redetermination is not complete until the eligibility of the members of the assistance unit is verified and recorded in the case record.

**Historical Note**
R6-13-209 recodified from A.A.C. R6-3-209 effective February 13, 1996 (Supp. 96-1).

R6-13-210. **Reserved**

R6-13-211. **Recipients Absent from the State**

A. To remain eligible for assistance, a recipient who leaves the state must file a statement of intent to return to Arizona and to retain Arizona residence and must also provide his current out-of-state address.

B. The grant will be mailed out of Arizona no longer than 90 days. However, if the reason for absence is a medical problem of the recipient or a member of his family, and this is confirmed in writing by the licensed physician providing the treatment, the period may be extended. No grant will be mailed outside the United States.

C. TC out-of-state payments must be authorized by the Department of Health Services.

D. If the recipient indicates intent to establish residence in another state, the recipient will be advised that Arizona will discontinue assistance effective the month following the one in which he leaves.

**Historical Note**
R6-13-211 recodified from A.A.C. R6-3-211 effective February 13, 1996 (Supp. 96-1).

R6-13-212. **Effective Date of Payment**
The first payment shall be for the month in which all eligibility requirements were met, regardless of when the determination is made, providing a signed application for assistance was on file on or before that month. In cases where payment dates fall in a prior fiscal year, payments may be made only if administrative adjustment funds are available.

**Historical Note**
R6-13-212 recodified from A.A.C. R6-3-212 effective February 13, 1996 (Supp. 96-1).

R6-13-213. **Reserved**

R6-13-214. **Change in Case Status**
A change in case status must be acted upon within five working days.

**Historical Note**
R6-13-214 recodified from A.A.C. R6-3-214 effective February 13, 1996 (Supp. 96-1).

R6-13-215. **Supplemental Payments**
Supplemental payments will be made only if:

1. The Department failed to act upon information known to it at the time of the payment discrepancy or acted incorrectly, or

2. A hearing decision so orders, or

3. A person is added to an active case, or

4. A new application has been approved and the assistance unit is eligible for retroactive payments.

5. A suspended grant is being resumed retroactively.

**Historical Note**
R6-13-215 recodified from A.A.C. R6-3-215 effective February 13, 1996 (Supp. 96-1).

R6-13-216. **Case Record**
The case record is the documentation of financial, social, and medical information upon which eligibility and grant amounts are determined.

1. All categorical program folders will be color-coded.

2. Case folders shall be uniform throughout the state to facilitate location of documents.

**Historical Note**
R6-13-216 recodified from A.A.C. R6-3-216 effective February 13, 1996 (Supp. 96-1).

**ARTICLE 3. METHODS OF ELIGIBILITY DETERMINATION AND BUDGET PROCEDURES**

R6-13-301. **Expired**

**Historical Note**
R6-13-301 recodified from A.A.C. R6-3-301 effective February 13, 1996 (Supp. 96-1). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 617, effective August 31, 2004 (Supp. 05-1).

R6-13-302. **Verification of Eligibility**
Sources of information. For the purpose of establishing eligibility, information may be secured from the following sources:

1. The client. The client is the principal source of information and is responsible, with the help of the Eligibility Worker, to provide basic information and documentation.

2. The case record. Documented information contained in case records concerning clients previously known to the Department may be used as verification.

3. Collateral sources. If it is necessary to contact another party to obtain information, written permission may be required from the client. If the client refuses to give written permission to the Department to enable it to secure information necessary to establish eligibility or correct grant amount, the client’s application will be denied or the client’s grant suspended or terminated in accordance with R6-13-206(D)(1)(e) and R6-13-207(H).

4. Public records. Information from public records may be obtained without the client’s permission.

5. Other offices of the Department. Information may be secured from other offices or agencies of the Department without the client’s permission (unless specially restricted).
It shall be the sole responsibility of the client to obtain citizen-
ship and naturalization documents. He shall be required to pay
all fees necessary to obtain any documentation.

Historical Note
R6-13-303 recodified from A.A.C. R6-3-303 effective
February 13, 1996 (Supp. 96-1).

R6-13-304. Social Security Numbers

A. Every person in an assistance unit is required to furnish the
person’s Social Security Number (SSN).

B. If the person cannot furnish an SSN, either because it is
unknown or one has never been issued, the person is required
to apply for one. The Department shall assist the individual
to complete the application for a Social Security Number.

C. If an applicant/recipient for the AFDC, SP, or MAA programs
refuses to comply with the enumeration process (the verifica-
tion and issuance of SSN’s), either by refusal to apply for a
number or by refusal to reveal the applicant’s or recipient’s
number or have the number verified, the applicant or recipient
will be sanctioned by removal of the applicant’s or recipient’s
needs from the grant for each month of noncompliance.

Historical Note
R6-13-304 recodified from A.A.C. R6-3-304 effective
February 13, 1996 (Supp. 96-1).

R6-13-305. Residence

Residence must be verified when it is an eligibility requirement. A
person who lives in Arizona voluntarily with the intention of estab-
lishing a home is considered a resident of this state.
1. Arizona residency is an eligibility requirement for all
Assistance Programs except TC and EA.
2. A child is a resident of the state in which the child resides
with a specified relative on a permanent basis. However,
a child may attend school out-of-state and remain eligible
as long as the child remains in the care and custody of a
caretaker relative who is an Arizona resident.
3. An Arizona resident who leaves the state to accept U.S.
Government employment, or become an inmate of a pub-
lic institution, retains Arizona residency during the
absence. If an Arizona resident enters the U.S. Armed
Forces, residency may be retained until 30 days after sep-
Armed Services, residency may be retained until 30 days after sep-

Historical Note
R6-13-305 recodified from A.A.C. R6-3-305 effective
February 13, 1996 (Supp. 96-1).

R6-13-306. Citizenship

Except for the TC Program, a recipient of assistance payments must
be a citizen of the United States, an alien admitted to the United
States for permanent residence, or permanently residing in the
United States under color of law.
1. A person who was born in the United States must provide
documentation.
2. A person who was born in the United States must provide
one or more of the following:
   a. Certificate of Citizenship;
   b. Valid United States Passport;
   c. Consular Report of Birth or “Certificate of Birth”;
   d. Proof of marriage to a U.S. citizen prior to Septem-
      ber 22, 1922, provided other evidence establishes
      that the person was a U.S. citizen by birth or was
      naturalized before September 22, 1922;
   e. An Identification Card issued from a Foreign Ser-
      vice Post;
   f. Alien Registration Cards;
   g. Citizen’s Identification Card
3. The Department shall not contact the Immigration and
Naturalization Service on behalf of the client.

Historical Note
R6-13-306 recodified from A.A.C. R6-3-306 effective
February 13, 1996 (Supp. 96-1).

R6-13-307. Expired

Historical Note
R6-13-307 recodified from A.A.C. R6-3-307 effective
February 13, 1996 (Supp. 96-1). Section expired under
A.R.S. § 41-1056(E) at 11 A.A.R. 617, effective August
31, 2004 (Supp. 05-1).

R6-13-308. Reserved

R6-13-309. Transfer or Sale of Homestead, Real, or Per-
sonal Property

A client must not have transferred or assigned real or personal
property with the intent to render the client eligible or increase the cli-
ent’s need for assistance within five years prior to application or
while a recipient.
1. Fair consideration.
   a. Fair consideration received. If fair consideration was
      received for real or personal property sold or trans-
      ferred, this will not adversely affect the client’s eligi-
      bility and no inquiry will be made into the motive.
   b. Fair consideration not received. If it is determined
      that a member of the assistance unit has refused or
      has not received fair consideration with intent to ren-
      der the assistance unit member ineligible, starting
      from the month in which the transaction occurred,
      for as many months as the amount of the uncompen-
      sated value can be divided by the assistance unit’s
      monthly unadjusted budgeted need.

2. Transfer of sale of homestead property.
   a. Sale and reinvestment. If a client sells the client’s
      homestead, the client will be given 90 days in which
      to reinvest the proceeds in another home. During
      that period the proceeds will not be counted as avail-
      able income or as sets to meet need.
A client may not receive public assistance from another state:

A. 

R6-13-310. Receipt of Other Public Assistance

B. 

C. 

With the exception of the state Supplemental Payments Program (SSP), a client may not receive federal Supplemental Security Income (SSI) and assistance from the state of Arizona concurrently.

C. With the exception of Aid to Families with Dependent Children (AFDC) combined with Tuberculosis Control (TC), an individual may not be an eligible recipient of assistance of more than one program.

D. 

i. If the proceeds are reinvested, any amount still remaining after the purchase of the second homestead will be considered as other assets and resources.

ii. If, however, the client fails to reinvest the proceeds in another homestead within 90 days, at the end of that period the proceeds will be considered available assets and resources.

b. Transfer for health reasons. A client may transfer homestead property with or without retention of life estate without adversely affecting his eligibility if it is determined that the property can no longer be used as a home because of health reasons.

c. Evaluating life estate. The value of the life estate interest in a property will be determined by the appropriate instructions of this Article.

Historical Note

R6-13-309 recodified from A.A.C. R6-3-309 effective February 13, 1996 (Supp. 96-1).

R6-13-310. Receipt of Other Public Assistance

A. A client may not receive public assistance from another state and from the state of Arizona concurrently.

B. With the exception of the state Supplemental Payments Program (SSP), a client may not receive federal Supplemental Security Income (SSI) and assistance from the state of Arizona concurrently.

C. With the exception of Aid to Families with Dependent Children (AFDC) combined with Tuberculosis Control (TC), an individual may not be an eligible recipient of assistance of more than one program.

Historical Note

R6-13-310 recodified from A.A.C. R6-3-310 effective February 13, 1996 (Supp. 96-1).

R6-13-311. Institutional Status

A person is ineligible for public assistance for each and every full calendar month in which the person is an inmate of a public institution. The only exception to this rule is the personal care allowance in the Tuberculosis Control (TC) program.

Historical Note

R6-13-311 recodified from A.A.C. R6-3-311 effective February 13, 1996 (Supp. 96-1).

R6-13-312. Reserved

R6-13-313. Sources of Income, Their Treatment, and Disregards

A. Proceeds received from sale of non-homestead real property or personal property.

1. Such proceeds will not be considered as income, but as a conversion of assets.

2. Such proceeds will be subject to the limitation of real and personal property and financial assets.

B. Proceeds received from sale of homestead property. Such proceeds will be considered in the method established by rules of this Article concerning the sale and transfer of property.

C. Income received from rentals, leases, and room and board.

1. One-third of the income from the rental or lease of any property, real or personal, shall be counted as income available to meet need. A lower figure is allowable, provided the client fully documents all expenses.

2. One-third of the total proceeds received from furnishing room or room and board shall be counted as income available to meet need. A lower figure is allowable, provided the client fully documents all expenses.

D. Income from self-employment. Income after expenses which is received from sale of goods or services rendered through self-employment shall be considered as income available to meet need.

1. Self-employed recipients of GA or AFDC will be given the scheduled cost of employment allowance for work expenses.

2. However, an AFDC recipient may claim a higher work expense figure if he can furnish documentation to verify all income received and expenses claimed.

E. Contributions from relatives, stepparents, other individuals, or non-charitable organizations.

1. The first $50 of money contributions received by the assistance unit from these sources in any given calendar month will be totally disregarded. However, any amount in excess of $50 must be considered as available income.

2. Commodity contributions and free services rendered shall not be evaluated or considered as income available to meet need. However: If the cost of an assistance unit’s shelter is fully paid on an ongoing basis directly to the landlord or lienholder by another person, the contribution will not be considered as income, but the assistance unit will be considered as living rent-free.

3. Contributions from a co-tenant for the purpose of rent-sharing shall be disregarded.

F. Reserved.

G. Dividends, interest, and royalties.

1. Dividends or interest from stocks, notes, mortgages, and bonds, as well as all royalties, shall be considered income available to meet need. When any such assets are sold or cashed, the proceeds will be considered as converted assets in accordance with R6-13-313(A), and not as income.

2. Interest on all U.S. Government savings bonds will be considered, along with the principal value, as an available asset and not as income. When cashed, the proceeds will be considered as converted assets in accordance with R6-13-313(A) and not as income.

3. Interest on all savings accounts and other interest-bearing accounts will be considered, along with the principal, as an available asset and not as income. Withdrawals from such interest-bearing accounts, as well as withdrawals from all non-interest-bearing accounts (such as checking accounts) will be considered as converted assets in accord-ance with R6-13-313(A), and not as income.

4. Deposits made by any party not a member of the assistance unit into any savings, checking, or other account belonging to a member of the assistance unit, will be considered as income in accordance with the appropriate provisions of this Article.

H. Income from provisions of foster care, day care, or housekeeping services.

1. If the Department pays a person, either in part or in full, for provision of day-care or foster-care services, the entire payment, including that portion paid by the Department and that paid by the private individual or organization, will be totally disregarded as income.

2. If a private individual or organization pays a person for providing foster or day-care services (including baby-sitting), but with no participation of the Department in the payment, the amount received will be considered as earned income subject to all appropriate disregards.

3. If the Department pays a person for providing housekeeping services, either as a provider under Social Services Title XX, or as a provider to an eligible SP recipient as
I. Social Security benefits.
   1. Referral to SSA. Every applicant or recipient should be screened for possible eligibility for Social Security benefits. Every client who could qualify for SSA benefits is required to apply for them within 30 days of notification of this requirement.
   2. Availability of SSA income.
      a. The SSA benefit of an adult is to be considered as income available to the adult, to the adult’s spouse, and to the adult’s own natural or adoptive children.
      b. The SSA benefit of a minor child is to be considered as sole and separate income to meet the needs of that child only.
      c. If a person receives SSA and SSI concurrently, the person is ineligible for state assistance (except SP), and none of the person’s income is available to the eligible members of the assistance unit.

J. Veterans Administration benefits.
   1. Availability of VA income. VA benefits shall be considered as income available to meet the needs of the VA beneficiary and all the beneficiary’s legal dependents (i.e., the spouse and natural or adoptive minor children).
   2. Referral to VA. If there is a veteran in the assistance unit who is disabled and claims the veteran does not receive benefits, or a dependent of a veteran who claims the veteran does not receive benefits, the veteran will be referred to the nearest VA office and required to apply for VA benefits within 30 days of notification of this requirement.

K. Industrial Compensation benefits.
   1. Availability of IC benefits. All temporary or permanent Industrial Compensation benefits shall be considered as income available to meet the needs of the IC beneficiary and of all legal dependents. Legal fees withheld by attorneys handling IC claims cannot be disregarded.
   2. Referral to IC. If there is reason to believe that the client may be eligible for IC benefits, the client shall be referred to the Industrial Commission and required to apply for them within 30 days of notification of this requirement.

L. Railroad Retirement benefits.
   1. Referral for RR benefits. An individual with 10 years or more of railroad employment has vested rights in Railroad Retirement benefits and may also be eligible for Social Security benefits. If it appears that a client may be eligible for Railroad Retirement benefits, the client shall be required to apply for them within 30 days of notification of this requirement.
   2. Availability of RR benefits. Railroad Retirement benefits shall be considered as income available to meet the needs of the RR beneficiary and of all the beneficiary’s legal dependents.

M. Unemployment Insurance benefits.
   1. Referral for UI benefits. If it appears that a client may be eligible for any type of Unemployment Insurance, the client will be required to apply for such benefits within 30 days of notification of this requirement. Various types of UI benefits include:
      a. Unemployment Insurance (UI) administered by the Department,
      b. Veterans’ unemployment compensation (UCX) administered by the Department,
      c. Federal employees’ unemployment compensation (UCFE) administered by the Department,
      d. Railroad unemployment benefits administered by Railroad Retirement offices,
      e. Unemployment benefits administered by labor organizations and private insurance companies.

N. Public and private retirement pensions and annuities. The following types of benefits shall be considered as income available to meet need:
   1. Federal, state, and local government retirement pensions;
   2. Pensions from private industry;
   3. Retirement benefits or annuities from insurance plans.

O. Income received while attending Arizona Training Center for the Handicapped, Inc. Income received by a client during evaluation, training, or rehabilitation at the Arizona Training Center for the Handicapped, Inc., shall be considered as available to meet need and as earned in a “sheltered workshop”.

P. Reserved.

Q. Child’s sole and separate income. Legally sole and separate income of a minor child, which is not otherwise disregarded or provided for in this Article, will be counted as income available to meet the needs of that child only. Child support income will be treated in accordance with Title IV-D regulations as specified in 6 A.A.C. 12, Aid to Families with Dependent Children.

R. Bureau of Indian Affairs work-study benefits.
   1. Living expenses provided to the client under this program shall be considered as income available to meet need.
   2. However, educational expenses paid directly to this school or college are to be totally disregarded.

S. Earned income from private or public employment. Earned income from public or private employment shall be considered as available to meet the needs of the wage earner and of all the wage earner’s legal dependents (i.e., of the spouse and of the natural or adoptive minor children).

T. Earned “income-in-kind”. Goods, services, or rent reductions in exchange for services which are received as earned income-in-kind shall not be counted as income available to meet need. Rent reductions are income-in-kind. If a client performs services for a landlord in lieu of paying all or part of the client’s rent obligation:
   1. The value of the in-lieu rent will not be considered as available income, and
   2. The client will be entitled to an A-1 budget standard.
   3. The client, if certified disabled, will not be declared employable solely on the basis of performing such services.

U. Income received as child support payments. Child support shall be treated in accordance with Title IV-D regulations as specified in 6 A.A.C. 12, Aid to Families with Dependent Children.

V. Reserved
W. Reserved
X. Reserved
Y. Reserved

Z. Types of income which are totally disregarded.
   1. Income earned by a child under age 14.
   2. Income earned by a child receiving AFDC who is either
      a. A full-time student, whether working full- or part-time, or
      b. A part-time student, providing the student is working only part-time. Thus:
      c. If a part-time student is at the same time a full-time employee, the student’s total earnings (less allow-
able disregards) shall be counted as income available to meet the student’s needs.

3. The $30 monthly income payment to WIN participants in institutional and work experience training.

4. Training-related expense payments made to WIN participants.

5. Judgment funds (per capita payments) paid to, or held in trust for, Indians as a judgment of the Indian Claims Commission or court of claims. If such funds are invested, any interest, dividends, etc., shall be considered as income available to meet need.

6. Benefits paid to Alaskan natives under the Alaska Native Claims Settlement Act, to the extent they are exempt from taxation.

7. Payments made to volunteers participating in the Volunteers in Service to America (VISTA) program.

8. Payments made to volunteers participating in the Service Corps of Retired Executives (SCORE) program.

9. Payments made to volunteers participating in the Active Corps of Engineers (ACE) program.

10. Benefits received by persons over age 60 under the Nutrition Program for the Elderly, the Retired Senior Volunteer Program, the Foster Grandparent Program, and the Older Americans Community Service Program.

11. Reserved

12. Reserved

13. Reserved

14. Educational grants, loans, and scholarships:

a. Grants, loans, or assistance made or insured by the Commissioner of Education under the Higher Education Act for undergraduate study are to be totally disregarded. These include:
   i. Work-Study Program assistance, including college work-study, as well as any income earned by the student while in these programs;
   ii. National Direct Student loans (formerly National Defense Education Act loans), and Guaranteed Student loans;
   iii. Job Corps income;
   iv. Basic Educational Opportunity Grants (BEOG);
   v. Supplementary Educational Opportunity Grants (SEOG);
   vi. OASDI Benefits paid to or for a child age 18 to 21 which are conditioned upon regular attendance at a school, college, university, or in a course of vocational or technical training designed to enable the child to become self-supporting;
   vii. That portion of a Veterans Educational Assistance Program Grant (G.I. Bill or other) which is for the student only. However, any portion for the student’s dependents (family subsistence) is countable income.

b. For any other scholarship or educational grant (that is, one not made through the Commissioner of Education), that portion designed for tuition, books, student fees, and all other education-related expenses is to be totally disregarded. However, that portion, if any, designated to meet current living needs is to be considered as income available to meet need. Student loans will be totally disregarded.

15. The “Bonus Value” of FNS food stamp coupons.

16. The $30 weekly incentive payment to participants in the Comprehensive Employment and Training Act (CETA) program.

17. Payment received from the sale of real property for public purpose under Title II of the Uniform Relocation Assistance and Real Property Acquisition Act of 1970. If such funds are invested, any interest, dividends, etc. shall be considered as available income.

18. Charitable contributions from recognized charitable institutions or foundations.

19. Commodity contributions and free services rendered.

20. Reserved

21. Reserved

22. Vocational Rehabilitation Program (DVR) payments made as reimbursements for training-related expenses incurred by the client, as well as all other VR subsistence allowances, but not salary earned from VR-sponsored OJT or other VR-sponsored employment.

23. The value of supplemental food assistance received under the Child Nutrition Act of 1966, and special food services for children under the National School Lunch Act.

24. Any commercial loan from a bank or licensed loan company.

25. Any governmental home-improvement loan.

26. Tax refunds. Such refunds are to be treated as an available asset.

27. Personal loans, if property documented, from friends, relatives, or others.

**Historical Note**
R6-13-313 recodified from A.A.C. R6-3-313 effective February 13, 1996 (Supp. 96-1).

**R6-13-314. Determining Monthly Income; Best Estimate**

A. For each assistance unit, the Department shall calculate a best estimate of monthly income using the methods described in R6-13-314.01.

B. The best estimate shall include income which the assistance unit has received or reasonably expects to receive in a benefit month and shall be based on the Department’s reasonable expectation and knowledge of the assistance unit’s current, past, and future circumstances.

C. The Department shall include in its calculation all gross income from every source available to the assistance unit unless specifically excluded in this Article or by the federal Social Security Act.

D. The Department shall convert income received more frequently than monthly into a monthly amount as follows:
   1. Multiply weekly amounts by 4.3,
   2. Multiply bi-weekly amounts by 2.15,
   3. Multiply semi-monthly amounts by 2,
   4. Convert daily wages to a weekly average and multiply by 4.3.

E. The Department shall determine a new best estimate of income:
   1. At each review; and
   2. When there is a change in countable income of more than $25 which is expected to:
      a. Last beyond the month the change occurred, or
      b. Result in an increase in benefits.

**Historical Note**
R6-13-314 recodified from A.A.C. R6-3-314 effective February 13, 1996 (Supp. 96-1).

**R6-13-314.01. Methods to Determine a Best Estimate**

A. The Department shall determine a best estimate of monthly income for an assistance unit by the methods described in this Section.

B. Anticipating income.
1. When using this method, the Department shall consider income the assistance unit actually receives and is reasonably certain to receive in a benefit month.

2. The Department shall anticipate income for an assistance unit which:
   a. Regularly receives income from the same source and in the same amount;
   b. Receives or reasonably expects to receive income from a new source;
   c. Receives or reasonably expects to receive income from a continuing current source but at a new rate of pay;
   d. Receives income on a seasonal or intermittent basis;
   e. Has lost a source of income.

C. Averaging income.
   1. When using this method, the Department shall add together income from a representative number of weeks or months and then divide the resulting sum by the same number of weeks or months.

2. The Department shall average income for an assistance unit which receives income:
   a. Irregularly, or
   b. Regularly but from sources or in amounts which vary.

D. Prorating income.
   1. When using this method, the Department shall aver age income over the period of time the income is in tended to cover.

2. The Department shall prorate income for an assistance unit which receives income which is intended to cover a fixed period of time.
   a. When a person receives income pursuant to a fixed-term employment contract:
      i. Income shall be counted in the month received, if received monthly or more often, throughout all months of the contract;
      ii. Income shall be prorated over the number of months in the contract if payment is received before or during the time work is performed but not as specified in subsection(D)(2)(a)(i) above;
      iii. Income shall be prorated over the number of months in the contract if payment is received upon completion of the work;
      iv. For AFDC cases which fall within subsection (D)(2)(a)(iii) above, applicable earned income disregards shall apply as if the prorated amounts were received in each month of the contract. The resulting amounts for each month shall then be totaled and counted in the month received as a lump sum pursuant to 45 CFR 233.20(a)(3)(ii)(F) (October 1992), incorporated by reference and on file with the Office of the Secretary of State;
      v. For the purpose of this subsection, the term “applicable earned income disregards” shall include those earned income disregards set forth in 45 CFR 233.20(a)(11) (October 1992), incorporated herein by reference and on file with the Office of the Secretary of State;
   b. When a GA or TC benefit recipient who is attending a college, university, or other school with a semester or quarter system receives income from a non-excluded scholarship, deferred educational loan, or other educational grant, the income from such a source shall be prorated over the number of months in the semester or quarter for which the income is intended.

Historical Note
R6-13-314.01 recodified from A.A.C. R6-3-314.01 effective February 13, 1996 (Supp. 96-1).

R6-13-315. Expired
Historical Note
R6-13-315 recodified from A.A.C. R6-3-315 effective February 13, 1996 (Supp. 96-1). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 2104, effective August 29, 2009 (Supp. 09-4).

R6-13-316. Expired
Historical Note
R6-13-316 recodified from A.A.C. R6-3-316 effective February 13, 1996 (Supp. 96-1). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 2104, effective August 29, 2009 (Supp. 09-4).

R6-13-317. Reserved

R6-13-318. Budgeting
The Department shall determine eligibility and compute the amount of the assistance for a benefit month based on the best estimate described in R6-13-314 of income and circumstances which will exist in that same month.

Historical Note
R6-13-318 recodified from A.A.C. R6-3-318 effective February 13, 1996 (Supp. 96-1).

R6-13-319. Consolidated Standards of Need
A. Consolidated standards. Grants for AFDC, GA and TC are computed by using one of two consolidated standards of need: The A-1 standard of the A-2 standard.
B. The A-1 standard
   1. The A-1 standard will be used for assistance units which have the obligation to pay, or do pay -- either in part or in full -- any of the following housing expenses:
      a. Rent;
      b. Room, or room and board (but not board alone);
      c. Mortgage or other lien on homestead;
      d. Property tax on homestead;
      e. Any city, county, or state fee or tax on property used as residence (such as trailer parking permit or similar).
   2. The obligation pay, or the payment, must be at least in part cash (not solely in kind).
   3. The person who is obligated to pay, or who does pay, may be any member of the assistance unit, whether eligible or ineligible for the month. The definition of an assistance unit and its members is found in R6-13-320(F).
   4. The A-1 standard must also be used if:
      a. The assistance unit resides in public housing under HUD Sections 8 or 23, or
      b. The payee or his spouse is an SSI recipient.
C. The A-2 standard. The A-2 standard will be used for:
   1. Assistance units without any obligation to pay any of the housing expenses listed in subsection (B)(1) above; or
   2. Assistance units whose housing expense is paid only in-kind, with no part in cash; or
   3. When the housing expense is fully paid, on an ongoing basis, by a person not a member of the assistance unit, directly to the landlord or lienholder. Such payments will be considered ongoing if they have been so paid for at least three consecutive months.
R6-13-320. Policies Applicable to All Grants

A. The minimum assistance grant authorized is $1.
B. Grants will be made in whole dollar amounts and will be rounded upward to the next whole dollar amount.
C. An SSI recipient and the recipient’s needs, income, and resources shall not be considered in computing an AFDC, GA, or TC grant.
D. Emergency assistance paid to an applicant in any given month shall be deducted from the assistance grant for that month.
E. If the applicable income of an assistance unit meets or exceeds its adjusted need for that month, the assistance unit will be determined to be financially ineligible for assistance.
F. Each assistance unit and program will be budgeted separately, regardless of the number of assistance units residing together.

1. An “assistance unit” is defined as an applicant-payee plus all those persons for whom the applicant-payee can request and receive assistance in accordance with the “specified relative” provisions of R6-3-407.
2. Whenever two or more persons eligible for assistance can be included in one single assistance unit and grant as defined above, two or more separate assistance units and grants cannot be authorized.

R6-13-321. Computing the Assistance Grant

Factors determining grant amount. The following factors enter into a budget computation to determine eligibility and/or grant amount:

1. Status. The status of the assistance unit, which consists of:
   a. Program. The program for which assistance is requested or received (AFDC, GA, or TC);
   b. Persons. The total number of persons in the assistance unit whose eligibility is being considered;
   c. Standard. The standard of need, determined by shelter-cost obligation (A-1 or A-2);
2. Need. The budgeted need of the assistance unit for a given month, as determined by its status (program, persons, and standard);
3. Percentage. The percentage factor, which converts budgeted need to adjusted need, and which depends on the program;
4. Income. The countable income of the assistance unit;
5. Disregards. Applicable disregards on countable earnings (cost of employment and the $30+1/3 disregard);
6. Emergency assistance. Amounts of EA issued to the assistance unit: Deducted to determine payable grant amount for intake months only.

R6-13-322. Expired

Historical Note
R6-13-320 recodified from A.A.C. R6-3-319 effective February 13, 1996 (Supp. 96-1).

R6-13-321. Computing the Assistance Grant

Historical Note
R6-13-321 recodified from A.A.C. R6-3-321 effective February 13, 1996 (Supp. 96-1).

R6-13-322. Expired

Historical Note
R6-13-322 recodified from A.A.C. R6-3-322 effective February 13, 1996 (Supp. 96-1).
review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-801. Definitions

The definitions in A.R.S. § 46-241 and following definitions apply in this Article.

1. “Basic necessities” means the situations or possessions necessary to maintain a safe and healthy living environment, including shelter, food, and clothing.
2. “Child” means a person under the age of 18 years.
3. “Contract” means an executed agreement with specified terms and limits between the Department and a government agency or a private entity for the purposes of delivering goods or services for the Department for monetary reimbursement.
4. “Contract provider” means a public or private entity with which the Department has a contract to provide goods or services for recipients of short-term crisis services.
6. “Diagnosis” means an opinion rendered by a doctor of medicine, a doctor of osteopathy, or a psychologist certified by either the Arizona Board of Psychologist Examiners or by the Department of Education.
7. “Disabled person” means a person who has been diagnosed as having a physical or mental impairment which substantially limits one or more of that person’s major life activities.
8. “Elderly person” means a person 60 years of age or older.
9. “Federal Poverty Guidelines” means the national guidelines which designate the amount of income that signifies poverty, and which are issued by the United States Department of Health and Human Services and published in the Federal Register.
10. “Homeless person” means a person who lacks a fixed, regular, and adequate nighttime residence, or a person who has primary nighttime residence in a building used for temporary sleeping accommodations but does not include a person who is imprisoned or otherwise detained in a government facility under federal or state law.
11. “Household” means all adults and children who reside together in the same dwelling.
12. “Major life activities” means activities necessary to care for one’s self through performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.
13. “Resident” means a person who dwells and intends to remain in Arizona.
14. “Self-sufficiency Diversification Option” means cash assistance option offered to certain TANF applicants pursuant to A.R.S. § 46-353.
15. “Short-term Crisis Services” means a benefit which is distributed in the form of vendor payments or warrants, issued on behalf of an eligible household, for the household’s basic necessities.
16. “TANF” means Temporary Assistance for Needy Families, which is assistance granted under section 405 of Title IV of the Social Security Act as it exists after August 21, 1996. (A.R.S. § 46-101(20)).
17. “Temporary sleeping accommodations” means a building that is publicly or privately operated for the purposes of providing overnight shelter to a homeless person or domestic violence victim and includes homeless shelters and domestic violence shelters.
18. “Unforeseen expenses” means living costs which were unexpected and cannot be avoided.
19. “Vendor agreement” means a written agreement between the Department and a provider of goods or services who has agreed to accept reimbursement from the Department on behalf of the short-term crisis services recipient.
20. “Work day” means Monday through Friday excluding Arizona state holidays.

Historical Note

R6-13-801 recodified from A.A.C. R6-3-801 effective February 13, 1996 (Supp. 96-1). Amended effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

Editor’s Note: The following Section was amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor’s Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-802. Application Procedures

A. To apply for short-term crisis services, an applicant shall:
1. Participate in a face-to-face interview with an employee of the contract agency in the applicant’s geographic area;
2. File a written application on a Department form with the contract agency; and
3. Provide the contract agency with the information listed in subsections (C) and (D).

B. The completed application form shall contain the following information:
1. For the applicant and all household members:
   a. Name, address, and telephone number;
   b. Personal information, including citizenship, residency, date of birth, social security number, gender, and ethnicity; and
   c. Gross monthly countable income as defined in R6-13-805;
2. Relationship of all household members;
3. The short-term crisis service the household is requesting and the reason services are needed; and
4. For all household members age 16 and older, an employment history for 30 days preceding the date of application; and
5. The applicant shall provide information regarding the household members’ application for short-term crisis services and TANF cash assistance during the 12 months preceding the date of application; and
6. The applicant’s signature and date of application.

C. The applicant shall provide documentation of the employment history and countable income required by subsection (B)(1)(c) and (B)(4).

D. The contract provider shall close an incomplete application if the applicant does not provide all required information within five days after the application postmark date.

E. An applicant whose file has been closed and who later wants services shall submit a new application.

F. Within 15 work days of the date of receiving a completed application, the contract provider shall send the applicant written notification of eligibility for services.

Historical Note

R6-13-802 recodified from A.A.C. R6-3-802 effective February 13, 1996 (Supp. 96-1). Amended effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).
Editor’s Note: The following Section was repealed and the new Section was renumbered and amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor’s Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-803. General Eligibility Requirements
A. To be eligible for short-term crisis services, a person shall:
   1. Reside in the state of Arizona;
   2. Have an emergent need that can be met by the provision of at least one of the types of assistance defined in R6-13-807; and
   3. Lack income and resources to meet the emergent need.
B. The following persons are ineligible for short-term crisis services:
   1. A Native American who resides on a reservation,
   2. A person being sanctioned by the TANF program, and
   3. A person receiving benefits under the self-sufficiency diversion option.

Editor’s Note: The following Section was renumbered and the new Section was renumbered and amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor’s Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-804. Financial Eligibility Requirements; Countable Income
A. To be eligible for short-term crisis services, a person must be in a household that meets the following requirements on the date of application:
   1. The household’s total gross countable monthly income for the previous 30 days, including the day the application does not exceed 125% of the Federal Poverty Guidelines; or
   2. For households with an elderly or disabled person, the household’s total gross countable income for the previous 30 days, including the day of the application does not exceed 150% of the Federal Poverty Guidelines.
B. When determining financial eligibility, the Department shall include countable income of all household members except as provided in subsection (C). Countable income includes:
   1. Earned income;
   2. Governmental cash benefits;
   3. Dividends over $50 per month;
   4. Interest income over $50 per month;
   5. Child support;
   6. Alimony;
   7. Net rental income;
   8. Annuities;
   9. Royalties;
   10. Strike benefits;
   11. Workers’ compensation;
   12. Unemployment insurance benefits;
   13. Monthly payment from real property sales;
   14. Proceeds from the sale of a house or car;
   15. Military allotments;
   16. Grants and scholarships that do not need to be repaid, excluding funds identified for tuition and books;
   17. Work-study money;
   18. Net gambling or lottery winnings;
   19. Lump sum payments;
   20. Mileage allowances; and,
   21. Cash gifts not specifically excluded in subsection (D).
C. Countable income does not include:
   1. The value of food stamps;
   2. Any portion of an education grant or scholarship used for tuition and books;
   3. Earned income of a child under 16 years of age;
   4. Cash gifts of $50 or less per month per household member;
   5. Tax refunds;
   6. Non-cash benefits provided on behalf of household member but not paid directly in the name of the household member, including vouchers for food, clothing, or housing;
   7. Loans that need to be repaid;
   8. Money which a household member receives and uses for the care and maintenance of a person who is not a household member;
   9. Stipends from senior companion programs; and
   10. Other income not specifically listed as countable.

Editor’s Note: The following Section was renumbered and the new Section was renumbered and amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor’s Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-805. Emergent Need Eligibility Requirements
In order to be eligible for emergency assistance, a person shall be in a household which is experiencing or which expects to experience:
   1. Homelessness that was caused by one or more of the following:
      a. Domestic violence;
      b. Loss of income;
      c. Unforeseen circumstances that increase the household’s expenditures, making it impossible to meet budgeted expenditures without short-term crisis services; or
      d. A condition that endangers the health or safety of a household member;
      e. Other similar emergency situations.

2. Interruption of heating or cooling of the household’s dwelling that was caused by:
   a. Domestic violence,
   b. Loss or of income,
   c. Unforeseen circumstances that increased the household’s expenditures making it impossible to meet the following months’ budgeted expenditures without short-term crisis services,
   d. A condition that endangers the health or safety of the household, or
   e. Other similar emergency situations.

Historical Note
R6-13-805 recodified from A.A.C. R6-3-805 effective February 13, 1996 (Supp. 96-1). Section renumbered to R6-13-804; new Section R6-13-805 renumbered from R6-13-806 and amended effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

Editor’s Note: The following Section was renumbered and the new Section was renumbered and amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor’s Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-807. Payments

A. In a 12-month period, as described in R6-13-806(C), the Department payment on behalf of an eligible household shall not exceed the amounts listed in this Section.
   1. For emergency shelter at homeless facilities, no more than $5,000.
   2. For utility assistance, the amount of the bill or $500, whichever is less.
   3. For federally funded utility repair, replacement, and deposit, the actual cost or $1,200, whichever is less.
   4. For state-funded utility repair, replacement, and deposit, the actual cost or $600, whichever is less.
   5. For rent, rental deposits, or mortgage assistance, the actual cost or $1,500 per household whichever is less.
   6. For special needs as described in R6-13-808(A)(4), the actual cost or $500, whichever is less.

B. The Department shall pay for all short-term crisis services through warrants to contract agencies or companies with which the contract agency has a written or verbal vendor agreement.

Historical Note
R6-13-807 recodified from A.A.C. R6-3-807 effective February 13, 1996 (Supp. 96-1). Section renumbered to R6-13-806; new Section R6-13-807 renumbered from R6-13-808 and amended effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

Editor’s Note: The following Section was renumbered and a new Section adopted under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department did not submit these rules to the Governor’s Regulatory Review Council for review and approval; and the Department was not required to hold public hearings on this Section.

R6-13-808. Notification

The contract agency which the Department has a written contract with shall be responsible for sending the applicant a decision letter upon determination of eligibility.

Historical Note
R6-13-808 recodified from A.A.C. R6-3-808 effective February 13, 1996 (Supp. 96-1). Section renumbered to R6-13-807; new Section adopted effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

Editor’s Note: The following Section was amended under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to Laws 1997, Chapter 300, § 74(A). Exemption from A.R.S. Title 41, Chapter 6 means the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in
R6-13-809. Complaints, Hearings, and Appeals

A. The following decisions are appealable:
1. Denial of eligibility,
2. The amount of assistance awarded, and
3. Termination or reduction of assistance.

B. To appeal, an applicant shall file a written request for appeal with the contract agency, within 10 working days of the postmark date of the letter denying eligibility or affecting benefits.

C. The Department shall conduct appeals pursuant to the procedures set forth in R6-13-1208(G) through (N).

Historical Note
R6-13-809 recodified from A.A.C. R6-3-809 effective February 13, 1996 (Supp. 96-1). Amended effective August 4, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 97-3).

ARTICLE 9. REPEALED

R6-13-901. Expired

Historical Note
R6-13-901 recodified from A.A.C. R6-3-901 effective February 13, 1996 (Supp. 96-1). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 617, effective August 31, 2004 (Supp. 05-1).

R6-13-902. Repealed

Historical Note
R6-13-902 recodified from A.A.C. R6-3-902 effective February 13, 1996 (Supp. 96-1). Section repealed by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-903. Repealed

Historical Note
R6-13-903 recodified from A.A.C. R6-3-903 effective February 13, 1996 (Supp. 96-1). Section repealed by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-904. Repealed

Historical Note
R6-13-904 recodified from A.A.C. R6-3-904 effective February 13, 1996 (Supp. 96-1). Section repealed by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-905. Repealed

Historical Note
R6-13-905 recodified from A.A.C. R6-3-905 effective February 13, 1996 (Supp. 96-1). Section repealed by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-906. Repealed

Historical Note
R6-13-906 recodified from A.A.C. R6-3-906 effective February 13, 1996 (Supp. 96-1). Section repealed by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).
R6-13-916. Repealed

Historical Note
R6-13-916 recodified from A.A.C. R6-3-916 effective February 13, 1996 (Supp. 96-1). Section repealed by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-917. Repealed

Historical Note
R6-13-917 recodified from A.A.C. R6-3-917 effective February 13, 1996 (Supp. 96-1). Section repealed by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-918. Expired

Historical Note
R6-13-918 recodified from A.A.C. R6-3-918 effective February 13, 1996 (Supp. 96-1). Section expired under A.R.S. § 41-1056(E) at 15 A.A.R. 2104, effective August 29, 2009 (Supp. 09-4).

R6-13-919. Repealed

Historical Note
R6-13-919 recodified from A.A.C. R6-3-919 effective February 13, 1996 (Supp. 96-1). Section repealed by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-920. Repealed

Historical Note
Former Rule 3-924; Former Section R6-3-920 repealed, new Section R6-3-920 adopted effective March 26, 1976 (Supp. 76-2). R6-13-920 recodified from A.A.C. R6-3-920 effective February 13, 1996 (Supp. 96-1). Section repealed by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-921. Repealed

Historical Note
R6-13-921 recodified from A.A.C. R6-3-921 effective February 13, 1996 (Supp. 96-1). Section repealed by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

R6-13-922. Repealed

Historical Note
R6-13-922 recodified from A.A.C. R6-3-922 effective February 13, 1996 (Supp. 96-1). Section repealed by final rulemaking at 18 A.A.R. 1175, effective June 30, 2012 (Supp. 12-2).

ARTICLE 10. RESERVED

ARTICLE 11. RESERVED

ARTICLE 12. OTHER PROCEDURES AND SERVICES

R6-13-1201. Confidentiality

A. Confidential information to be safeguarded. No information concerning an applicant or recipient, whether contained in client case records, or in any other records of the Department, or known to employees of the Department, will be disclosed to any party except as specified in provisions of this Article.

Examples: Such information includes, but is not limited to, the names and addresses of clients or the amount of assistance provided; information related to the social and economic conditions or circumstances of a client; medical data, including diagnosis and past history of disease or disability concerning a client. 

B. Release of information. The use or disclosure of information concerning a client shall be limited to the client, or to persons or agencies subject to confidentiality restrictions comparable to those of the Department and for purposes directly related to the administration of Public Assistance programs (such as establishing eligibility, determining the amount of the grant, providing services, taking legal actions on behalf of the Department or a federal public assistance agency, etc.).

C. Authorized parties: Unless specifically otherwise restricted, safeguarded information may be released to the following parties and only under the conditions here specified:

1. The client. An applicant or recipient may view the contents of the applicant’s or recipient’s case record at any time, provided a member of the Department is present during the examination of the case record. However, a dependent child may view the case record in which the child is included as a recipient only with the written permission of the child’s parent or other caretaker relative.

2. Employees of the Department. For official purposes, employees of the Department may view case records and transmit safeguarded information, without the client’s written or verbal consent, to other employees of the Department.

3. Social Security Administration. For official purposes, safeguarded information may be disclosed, without the client’s written or verbal consent, to employees of the Social Security Administration.

4. Other public assistance agencies. For official purposes, the Department may release, without the client’s written or verbal consent, case-record information to the public assistance or welfare agencies of any other state.

5. Title IV-D. Employees of the Department may release case record information, without the client’s written or verbal consent, to county attorneys and to clerks of the courts for official purposes relating to Title IV-D child support enforcement.

6. Other law-enforcement officials. The Department may release, without the client’s written or verbal consent, information to authorized officials for the purposes of an investigation, prosecution, or criminal or civil proceedings conducted by or on behalf of the Department or a federal public assistance agency in connection with the administration of a public assistance program. For any other purposes, the client’s written authorization is required.

7. Contracted agencies. For official purposes, employees of the Department may give client information, with either the verbal or written consent of the client, to the social services components of agencies or institutions with which the Department has contractual agreements for the purpose of providing social, financial, or medical services.

8. Subpoena of records. In the event of a subpoena for a client’s case record or for a Department employee to testify concerning a client, or a request for information from a governmental authority, the courts, or a law enforcement official, attention will be called through proper channels of the policies, rules, and regulations against the disclosure of information.

9. Disclosure to other parties. Safeguarded information relating to a client may be disclosed to other parties or agencies not here specified only with the client’s specific written consent and authorization. An employee of the
Department of Economic Security – State Assistance Programs

R6-13-1203 recodified from A.A.C. R6-3-1203 effective
February 13, 1996 (Supp. 96-1).

R6-13-1202. Transfer of Cases Between Cost Centers

An individual is not subject to any residence restriction within the state and will be given agency services in the place where the individual chooses to make a home.

1. Change of address. When a recipient moves out of the jurisdiction of a cost center, that cost center is responsible for processing the change of address.

2. Pending applications. A pending application will not be transferred from one district to another but may be transferred between cost centers within the same district.

3. Transfer of an active case. Upon notification from the recipient of a change of address from the jurisdiction of one cost center to another, the cost center receiving the notification will take appropriate action.

4. Transfer of closed cases. When an individual applies for assistance and the interview reveals prior agency contact with another cost center, a written request will be made for transfer of the prior record with all other information available concerning the individual.

5. Transfer of suspended case. A suspended case may be transferred if the cost center making the request is aware of the case status.

6. Transfer transmittal. The case record being transferred will be identified by case number, SSN, and name, with a brief transmittal memorandum prepared in triplicate.

Historical Note
R6-13-1202 recodified from A.A.C. R6-3-1202 effective
February 13, 1996 (Supp. 96-1).

R6-13-1204. Guardianship

A. Representation by legal guardian. A court-appointed (legal) guardian may legally represent the applicant and may apply for assistance and receive payment on behalf of the guardian’s ward.

B. Warrants. Warrants issued to legal guardians will be written in the name of the ward.

C. Representation by legal guardian. A court-appointed (legal) guardian may legally represent the applicant and may apply for assistance, and receive payment on behalf of the guardian’s ward.

D. Warrants. Warrants issued to legal guardians will be written in the name of the ward.

E. Mailing address for warrants. A recipient has the right to designate the address to which the recipient wishes the assistance warrant mailed, except that warrants may not be mailed to any Department of Economic Security office, or to the residence address of any employee of the Department. If the recipient has mail delivery to the place of residence, the recipient will be encouraged to use this address as the mailing address.

5. Clients signing by mark. Documents signed with an “X” or by a thumb print are acceptable if properly witnessed. The EW may serve as a witness.

Historical Note
R6-13-1204 recodified from A.A.C. R6-3-1204 effective
February 13, 1996 (Supp. 96-1).

R6-13-1205. Reserved

R6-13-1206. Overpayments

A. The Department will pursue collection of all Aid to Families with Dependent Children (AFDC) overpayments discovered on October 1, 1981, or on any following date. No waivers of repayment will be granted on such cases.

B. The Department will pursue collection of all AFDC overpayments discovered prior to October 1, 1981, and all overpayments in the General Assistance (GA) and Supplemental Payments (SP) Programs. On such cases waiver of repayment can be granted in accordance with A.R.S. § 46-213(B).

Historical Note
R6-13-1206 recodified from A.A.C. R6-3-1206 effective
February 13, 1996 (Supp. 96-1).

R6-13-1207. Special Investigations Unit

Arizona Revised Statutes provide for the establishment of a Special Investigations Unit within the Department of Economic Security.

1. This unit shall perform special investigative duties at any office in the state as may be assigned. Examples of these duties are:

   a. Establish liaison with the various law enforcement agencies.

   b. Investigate cases involving fraudulent receipt of assistance payments or food stamps and to prepare such cases for presentation to the County Attorney. Where necessary, the Special Investigations Unit investigator shall act as complaining witness for the Department.

   c. Make and report on other types of investigations referred to the unit such as concealment of all types of assets or income, possible secret marriage, non-legal union relationships where extra income could be involved, and required assistance in child welfare cases.

   d. Other duties, as assigned.

2. Local office responsibilities
a. Appropriate case records will be made available for examination by Special Investigations Unit representatives.
b. The local office will schedule interviews on cases selected by the Special Investigations Unit. If an applicant fails to keep the first appointment, a second appointment will be made. If the recipient fails to keep this appointment, without cause, the grant will be suspended.
c. The local office will refer all applications or resumes of active cases to the Special Investigations Unit which have been closed or suspended as a result of an SIU investigation.
d. If a hearing is requested in a case where an application was denied or assistance discontinued as a result of a Special Investigations Unit investigation, referrals for further investigation are to be made to the Special Investigations Unit when the hearing request is received. These referrals should use Hearing Priority I as the reason for the investigation report.
e. It is the responsibility of the local office Eligibility Worker to submit any new information regarding the case.

3. Special Investigations Unit Responsibilities
a. The Special Investigation Unit will notify the local office of cases selected by them for interview.
b. The Special Investigations Unit will attempt to complete their investigations and report back to the local office within 20 days of the referral date. When it is impossible to meet this deadline, a memo of explanation will be sent to the local office and the case removed from “Priority I” status.
c. Upon completion of an investigation a report will be sent to the local office which made the referral. Also, interview reports will be made when the Special Investigations Unit deems it necessary.

4. Referrals to County Attorneys. All absent parent cases will be referred to County Attorneys by the Special Investigations Unit and not by the local office Eligibility Worker.

Historical Note
R6-13-1207 recodified from A.A.C. R6-3-1207 effective February 13, 1996 (Supp. 96-1).

R6-13-1208. Complaints, Hearings, and Appeals

A. Complaints. Complaints may be filed only regarding matters not covered by Appeals, subsection (B) following. A complaint received relating to an appealable matter shall be treated as an appeal and considered filed as of the date the complaint was received.

1. Treatment by local office. Verbal or written complaints shall be referred to the local office supervisor or to a person designated to act for the supervisor. The case will then be discussed with the assigned caseworker who shall attempt to work through the problem with the appellant, explaining the reason for the Department’s action and attempting to resolve any difficulty relating to a possible appeal. If, after the conference is held at the local level, the appellant is still dissatisfied, an appointment may be made with the Program Manager or the person to whom responsibility for holding such conferences is delegated.

2. Treatment by state Office. Complaints which are received in the state Office by telephone, or letter, or directly by visit of the appellant, may be handled by the state Office or referred to the Program Manager of the district in which the appellant resides.

a. Replies to letters shall be made using information available in the District Office and the local office.
b. Whenever there is contact between the state Office and the appellant regarding a complaint which could be an appealable matter, the appellant shall be reminded of the appeal procedure, and that the appellant need not pursue an informal complaint before filing an appeal.

B. Basis for appeal. An appellant will be granted a hearing for any of the following reasons:

1. Right to apply for assistance has been denied.
2. Application is denied in whole or in part.
3. Action on an application has not been taken by the Department within 45 days of the date of application for AFDC, 60 days for GA, or 30 days for SP or TC.
4. Assistance is suspended, terminated, reduced, or otherwise withheld when such action has occurred as a result of an eligibility determination based on facts or judgment as applied to individual circumstances.
5. The appellant disagrees that an overpayment has been made, or disagrees with the amount of the overpayment, or feels that the plan for repayment causes undue hardship, or the appellant’s request for a waiver has been denied.
6. A hearing will not be granted when either state or federal law requires automatic grant adjustments for classes of appellants, unless the reason for an individual appeal is incorrect grant computation or incorrect application of said law to the case.

7. The Office of Appeals may deny or dismiss a request for hearing where a decision has been rendered after a WIDP hearing before the DES Appeals Board that a participant has, without good cause, refused to accept employment or participate in the WIDP program or has failed to request such a hearing after a notice of intended action for such refusal, or where it is abandoned.

C. Timely filing of appeal

1. Unless a written request for hearing is filed within 10 calendar days of the decision letter mailing date for the AFDC, SP, TC, or GA programs, the Department shall proceed to take the proposed action.

2. Except as otherwise provided by statute or by Department regulations, any appeal submitted to the Department shall be considered received by and filed with the Department:
   a. On the date it is mailed, if transmitted via the U.S. Postal Service or its successor. The mailing date will be as follows:
      i. As shown by the postmark; or
      ii. As shown by the postage meter mark of the envelope in which it is received, if there is no postmark; or
      iii. The date entered on the document as the date of its completion, if there is no postmark, or no postage meter mark, or if the mark is illegible.
   b. On the date it is received by the Department, if not transmitted via the U.S. Postal Service, or its successor.

3. The submission of any document not within the specified statutory or regulatory period shall be considered timely if it is established to the satisfaction of the Department that the delay in submission was due to Department error or misinformation, or to delay caused by the U.S. Postal Service or its successor.

4. Any document mailed by the Department shall be considered as having been given to the addressee on the date it is mailed to the person’s last-known address. The date
Appeal requests. Appeals for a hearing must be in writing. Disability determination.

5. If appeal is timely, benefits shall not be reduced or terminated prior to a hearing decision unless due to a subsequent change in household eligibility and another notice of adverse action is received and not timely appealed.

6. If an appeal is filed after 10 days for the AFDC, SP, TC, or GA programs but within 20 days of the decision letter mailing date, the local office shall proceed to take the proposed action, the Office of Appeals shall hear the appeal and, if ruling is in the appellant’s favor, any resulting under payment of benefits shall be restored to the appellant by retroactive payments. If appeal is filed at any time later than 20 days, the Office of Appeals shall deny the request for hearing unless good cause is shown for untimely filing.

7. The local office shall advise the appellant of any community legal services available and, when requested, shall assist the appellant in completing the hearing request.

D. Appeal requests. Appeals for a hearing must be in writing. They can be filed by the appellant or by the appellant’s designated representative and must be filed with the local office.

1. The local office must forward all requests to the Office of Appeals within two working days of receipt.

2. Emergency Assistance and Hardship Supplement appeals shall not be forwarded to the Office of Appeals but shall be handled by the local office supervisor or manager.

3. Before it can schedule a hearing, the Office of Appeals must be in receipt of:
   a. The copy of the form or correspondence on which the hearing is requested, and
   b. The Case Decision Notice, and
   c. Any other written request or correspondence from the client or the client’s representative related to the appeal.

4. Whenever a request is forwarded from the local office to the Office of Appeals, the forwarding action and date should be noted on the Case Actions Summary. The local office caseworker must complete all appropriate portions of hearing request forms requiring local office entries. A copy of the request will be retained in the appellant’s case record. All documents concerning EA appeals will be retained in the case record.

E. Disability determination.

1. An appellant who bases an appeal on an adverse disability determination will be given the opportunity to have another medical examination prior to the hearing.

2. If the appellant wishes a medical examination prior to the hearing, the local office shall authorize and schedule it. The examination may be with a doctor chosen by the Department or by the appellant, but only by a licensed physician, psychologist, or psychiatrist.

3. At any time prior to issuing the decision, the Hearing Officer can authorize a special diagnostic evaluation by direct request to the District Medical Consultant, who will select an appropriate specialist.

4. The Hearing Officer may consider new medical evidence without referral to the Medical Consultant or may request the Medical Consultant to provide an evaluation of the above new medical evidence to the Hearing Officer, giving the Medical Consultant’s recommendation concerning the appellant’s disability and employability status.

5. The opinion of the District Medical Consultant shall be considered as expert evidence at the hearing but is not binding on the Hearing Officer.

6. All medical, social, and vocational reports, including reports from the Division of Vocational Rehabilitation, the Social Security Administration, and the Veteran’s Administration, which are relevant to the determination of disability or employability, shall be considered by the Hearing Officer. A finding of ineligibility for Social Security disability shall not be considered as a basis for ineligibility for General Assistance.

7. The appellant’s testimony as to the appellant’s physical and mental condition or symptomatology shall be considered by the Hearing Officer.

F. Group hearings. The Department may respond to a series of individual requests for hearings by conducting a single group hearing.

1. Such hearings shall be limited to those cases in which the sole issue involved is one of state or federal law or policy.

2. Each individual appellant shall be permitted to present the appellant’s own case or be represented by the appellant’s authorized representative.

3. The individual appellant may withdraw from the group hearing and request and be granted an individual hearing.

G. Notice of hearing

1. Hearings shall be held at those regularly established hearing locations most convenient to the interested parties or at the discretion of the Hearing Officer. A hearing shall be scheduled not less than 10 nor more than 45 days from the date of filing of the request for hearing. The appellant shall be given no less than 10 days’ notice of hearing, except that the appellant may waive the notice period or request a delay.

2. The notice of hearing will inform the appellant of the date, time, and place of the hearing, the name of the Hearing Officer, the issues involved, and the appellant’s rights to:
   a. Present the case in person, by telephone, or through a representative; and
   b. Copy any documents in the appellant’s case file and all documents and records to be used by the agency at the hearing at a reasonable time prior to the hearings as well as during the hearing; and
   c. Obtain assistance from the local office in preparing the case; and
   d. Make inquiry at the local office about availability of community legal resources which could provide representation at the hearing.

3. Notification shall be in writing, both to the appellant and to the local office on form US-037, Hearing Place Notice. If an appellant has good cause for being unable to attend a hearing once scheduled, the appellant must request a delay by either calling the local office or by writing directly to the Hearing Officer (P.O. Box 6123, Phoenix, Arizona 85005). The request must be received at least five working days prior to the hearing; otherwise the request may be denied. All scheduling is the responsibility of the Office of Appeals.

4. The appellant, in lieu of a personal appearance, may appear by telephone or submit a written statement, under oath or affirmation, setting forth the facts of the case. The statement must be submitted to the Department with all witnesses and documents at the time and place specified in the notice of hearing and shall be prepared at such time to dispose of all issues and questions involved in the appeal.
5. The Hearing Officer may, on the Hearing Officer’s own motion or at the request of any interested party upon showing of good cause, disqualify himself or herself, or continue the hearing to a future time, or reopen a hearing before a decision is final to take additional evidence.
   a. If an interested party fails to appear at a scheduled hearing, the Hearing Officer may adjourn the hearing to a later date or may make a decision upon the record and upon such evidence as may be presented at the scheduled hearing.
   b. If, within 10 days of the scheduled hearing, the applicant files a written request to reopen the proceedings and establishes good cause for failure to appear at the scheduled hearing, the hearing will be rescheduled. Notice of the time, place, and the purpose of any continued, reopened, or rescheduled hearing shall be given to all interested parties.

H. Prehearing summary
   1. A prehearing summary of the facts and grounds for the action taken shall be prepared by the local office and must reach the Hearing Officer no less than 10 days prior to the hearing.
   2. A copy of the summary shall be made available to the appellant or to the appellant’s representative prior to the hearing.
   3. The summary must be a typewritten report. Handwritten summaries are not acceptable. The summary must contain:
      a. Appellant’s name (and case name, if different); and
      b. SSN (or case number, if different); and
      c. Local office responsible; and
      d. Brief summary of circumstances supporting the Department’s action; and
      e. Exact legal manual references used by the local office in its eligibility determination.

I. Subpoena of witnesses
   1. The Hearing Officer may subpoena any witnesses or documents requested by the Department or appellant to be present at the hearing. The request shall be in writing and will state the name and address of the witness and the nature of the testimony. The nature of the witness’ testimony must be relevant to the issues of the hearing; otherwise the Hearing Officer may deny the request.
      a. The request for the issuance of a subpoena shall be made to give sufficient time -- a minimum of three working days -- prior to the hearing.
      b. A subpoena requiring the production of records and documents must specifically describe them in detail and further set forth the name and address of the custodian thereof.
   2. The Office of Appeals will prepare all subpoenas. Service of the subpoena will be accomplished by certified mail, receipt requested.

J. Review of file. In the presence of a Department representative, the appellant or the appellant’s authorized representative, or both, shall be permitted to review, obtain, or copy any Departmental record necessary for the proper presentation of the case.

K. Conduct of the hearing.
   1. Hearings shall be conducted in an orderly and dignified manner.
   2. Hearings shall be opened, conducted, and closed by the Hearing Officer, who shall rule on the admissibility of evidence and shall direct the order of proof. The Hearing Officer will have the power to administer oaths and affirmations, take depositions, certify official acts, and issue subpoenas to compel the attendance of witnesses and the production of any documents the Hearing Officer deems necessary as evidence in connection with a hearing.

L. Hearing decisions
   1. The Hearing decision will be rendered exclusively on the evidence and testimony produced at the hearing, appropriate state and federal law, and Departmental rules governing the issues in dispute.
   2. The decision will set forth the pertinent facts involved, the conclusions drawn from such facts, the sections of applicable law or rule, the decision, and the reasons therefore. A copy of such decision, together with an explanation of the appeal rights, shall be delivered or mailed to each interested party and each party’s attorney of record not more than 60 days from the date of filing the request for appeal, unless the delay was caused by the appellant.
   3. Decisions of the Hearing Officer shall bear the signature of that officer.
   4. In those cases where the local office must take additional action as a result of a decision, such action must be taken immediately.
   5. All decisions in favor of the appellant apply retroactively to the date of the action being appealed, or to the date the Hearing Officer specifically finds appropriate.
   6. When a hearing decision upholds the proposed action of reducing, suspending, or terminating a grant, any overpayment which results will be treated as a client-caused non-fraud overpayment.
   7. All hearing decisions will be made accessible to the public, subject to all the confidentiality restrictions set forth in A.R.S. § 41-1959.
   8. The decision of the Hearing Officer will be the final decision of the Department, unless a reconsideration is requested in accordance with subsection (N) below.

M. Withdrawal of appeal. An appeal may be withdrawn as follows:
   1. Voluntary. An appellant may voluntarily withdraw his request for a hearing by completing and signing the
proper Department form or by submitting a letter properly signed.

2. Default. An appellant is considered to have abandoned or involuntarily withdrawn a request for a hearing if the appellant fails to appear at a scheduled hearing and fails to request a rescheduled hearing within 10 days. A hearing will not be considered abandoned if the appellant provides notification up to the time of the hearing that the appellant is unable, due to good cause, to keep the appointment and that the appellant still wishes a hearing, or that the appellant wishes the matter considered on the record.

N. Appeals Board review.
1. An appellant may request the Appeals Board to review an adverse hearing decision within 10 calendar days after the decision was mailed or otherwise delivered to the appellant.
   a. The request for further appeal must be in writing, signed, and dated. It should set forth a statement of the grounds for review and may be filed personally or by mail.
   b. If the request for further appeal is filed within 10 days of the issuance of the original hearing decision, the local office must continue to withhold the original proposed negative case action until the Appeals Board decision is issued. If the Appeals Board decision is again adverse to the appellant, overpayments which result will be treated as a client-caused non-fraud overpayment.

2. After receipt of a request the Appeals Board will either:
   a. Remand the case for rehearing, specifying the nature of any additional evidence required or issues, or both, to be considered; or
   b. Grant the request and decide the appeal on the record.

3. The Appeals Board will promptly adopt a decision which shall be the final decision of the Department. A copy of the decision, together with a statement specifying the rights for judicial review, will be distributed to each interested party.

Historical Note
R6-13-1208 recodified from A.A.C. R6-3-1208 effective
February 13, 1996 (Supp. 96-1).

R6-13-1209. Quality Control
The quality control system shall be operated by the state in accordance with state plan provisions to see that public funds expended within the AFDC program are used properly through locating unacceptable performance and ineffective policies.

1. Purpose. The quality control review system provides an administrative means, which meets federal specifications, to assume that assistance is provided in accordance to state plan provisions, and to hold the incidence of errors below pre-established tolerance limits. This is accomplished by:
   a. Determining the extent to which those receiving assistance are eligible and that they receive payments in the amount to which they are entitled.
   b. Reducing or eliminating incidences of eligibility and payment errors by:
      i. Continuous review of statistically reliable statewide samples of cases,
      ii. Periodic assembly and analysis of case findings to determine incidences and amount of errors,
      iii. Application of corrective action to reduce error rates.

Historical Note
R6-13-1209 recodified from A.A.C. R6-3-1209 effective
February 13, 1996 (Supp. 96-1).

R6-13-1210. Interagency Inquiry
Any inquiries or communications from other agencies which are received in a local office shall be given a priority as determined by the information requested.

Historical Note
R6-13-1210 recodified from A.A.C. R6-3-1210 effective
February 13, 1996 (Supp. 96-1).

R6-13-1211. Quality Assurance
Purpose. The Quality Assurance program (assistance programs bureau monitoring system) will be operated by the state to:

1. Identify the incidences of incorrect assistance payments eligibility determinations due to agency error,
2. Recommend and effect remedial action for correcting programmatic and operational deficiencies,
3. Generate and provide data on assistance payments eligibility error determinations to the administration of the Department for purposes of management control.

Historical Note
R6-13-1211 recodified from A.A.C. R6-3-1211 effective
February 13, 1996 (Supp. 96-1).

R6-13-1212. Assistance to Individuals on Conditional Discharge from the Arizona State Hospital
The following guidelines will be applicable to individuals on conditional discharge from the Arizona State Hospital:

1. Conditional discharge. An individual who is on conditional release from the Arizona State Hospital is not to be considered an inmate of a public institution and may apply for and receive public assistance if all other eligibility requirements are met.
2. State Hospital Social Services responsibility. The hospital Social Services staff will arrange for and place the individual in a living arrangement which in their judgment meets the individual’s needs. They will provide all necessary social and medical information to assist the Eligibility Worker in determining eligibility for public assistance.
3. Department of Economic Security responsibility. The Department of Economic Security will accept the application and other material supplied by the hospital Social Worker and will complete the processing of the application. The Department will further extend all available agency services to the recipient.

Historical Note
R6-13-1212 recodified from A.A.C. R6-3-1212 effective
February 13, 1996 (Supp. 96-1).

R6-13-1213. Expired

Historical Note
R6-13-1213 recodified from A.A.C. R6-3-1213 effective