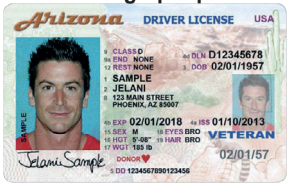
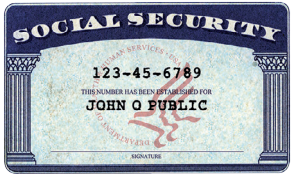
Documents requis pour AHCCCS et/ou échelle d'honoraires mobile

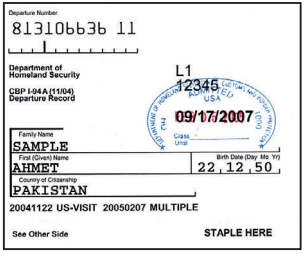
Identification Photographique



Carte de Sécurité Sociale
(le cas échéant)

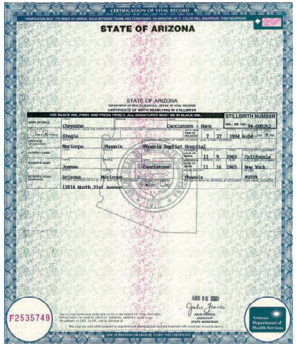


I-94

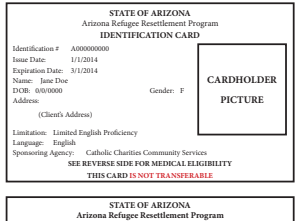


AHDC-015-FRENCH

Acte de naissance



RMAP



STATE OF ARIZONA
Arizona Refugee Resettlement Program
IDENTIFICATION CARD

Identification # A000000000
Issue Date: 1/1/2014
Expiration Date: 3/1/2014
Name: Jane Doe
DOB: 0/0/0000 Gender: F
Address:
(Client's Address)

CARDHOLDER PICTURE

Limitation: Limited English Proficiency
Language: English
Sponsoring Agency: Catholic Charities Community Services

SEE REVERSE SIDE FOR MEDICAL ELIGIBILITY
THIS CARD IS NOT TRANSFERABLE

STATE OF ARIZONA
Arizona Refugee Resettlement Program
REFUGEE MEDICAL ASSISTANCE PROGRAM

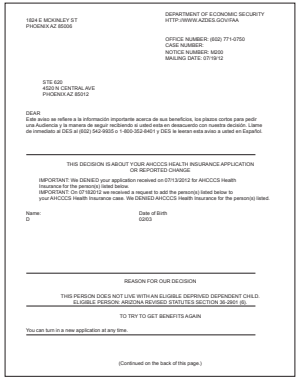
Name: Jane Doe
Address:
(Client's Address)
ID: A000000000
Issue Date: 1/1/2014
Exp. Date: 3/1/2014
DOB: 0/0/0000

TO ALL HEALTH CARE PROVIDERS AND PHARMACIES
MedImpact Pharmacy Help line: 1-800-788-2949

RxBIN: #003585 RxPCN: #ASPRODI RxGRP Group ACS04

This card has been issued to a Refugee, certified by the Arizona Refugee Medical Assistance Program
Card is for ID purposes and not a proof of coverage
Questions concerning RMAP eligibility and benefits please contact:
Refugee Medical Assistance Program | P.O. Box 6123, Site Code 950A, Phoenix, AZ 85005 Outside Maricopa County - Toll Free 1-866-228-1662 | Maricopa County (602) 542-6644

Lettre de refus AHCCCS
(en cas demande d'échelle d'honoraires mobile)



1624 E MOKINLEY ST
PHOENIX AZ 85006

DEPARTMENT OF ECONOMIC SECURITY
HTTP://WWW.AZDES.GOV/FAA

OFFICE NUMBER: (602) 771-0750
CASE NUMBER:
NOTICE NUMBER: M200
MAILING DATE: 07/19/12

STE 620
4520 N CENTRAL AVE
PHOENIX AZ 85012

DEAR
Este aviso se refiere a la información importante acerca de sus beneficios, los plazos cortos para pedir una Audiencia y la manera de seguir recibiendo a cuenta esto en desacuerdo con nuestra decisión. Llame de inmediato al DES al (602) 542-9935 o 1-800-352-8401 y DES le leeran esta aviso a usted en Español.

THIS DECISION IS ABOUT YOUR AHCCCS HEALTH INSURANCE APPLICATION OR REPORTED CHANGE

IMPORTANT: We DENIED your application received on 07/13/2012 for AHCCCS Health Insurance for the person(s) listed below
IMPORTANT: On 07162012 we received a request to add the person(s) listed below to your AHCCCS Health Insurance case. We DENIED AHCCCS Health Insurance for the person(s) listed.

Name: Date of Birth
D 02/03

REASON FOR OUR DECISION

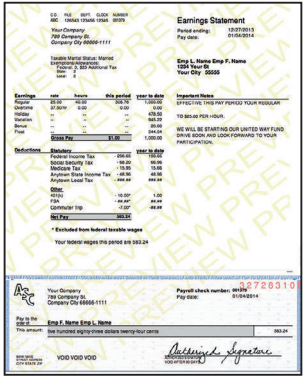
THIS PERSON DOES NOT LIVE WITH AN ELIGIBLE DEPRIVED DEPENDENT CHILD.
ELIGIBLE PERSON: ARIZONA REVISED STATUTES SECTION 36-2901 (6).

TO TRY TO GET BENEFITS AGAIN

You can turn in a new application at any time.

(Continued on the back of this page.)

Preuve de revenus
(des revenues des 30 jours précédents)



Earnings Statement
Period ending: 12/27/2013
Pay date: 01/04/2014

Your Company
789 Company St.
Company City 00000-1111

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 3, $50 Additional Tax
State: 2
Local: 0

Emp L. Name Emp F. Name
1234 Your St
Your City 55555

Earnings	rate	hours	this period	year to date
Regular	20.00	40.00	800.00	11,000.00
Overtime	27.50*H	0.00	0.00	0.00
Holiday	--	--	--	478.00
Vacation	--	--	--	945.00
Bonus	--	--	--	50.00
Float	--	--	--	244.24
	Gross Pay		$1,00	11,000.00

Deductions	Statutory		year to date
	Federal Income Tax	-$98.00	1,500.00
	Social Security Tax	-$62.00	66.96
	Medicare Tax	-$15.55	15.66
	Anytown State Income Tax	-$0.00	40.50
	Anytown Local Tax	-$44.44	444.44
	Other		
	401(k)	-$0.00*	1.00
	Cafeteria	-$0.00*	44.44
	Commuter Trip	-$0.00*	48.48
	Net Pay	$662.32	

* Excluded from federal taxable wages

Your federal wages this period are $63.24

Your Company
789 Company St.
Company City 00000-1111

Payroll check number: 00256
Pay date: 01/04/2014

Pay to the order of Emp F. Name Emp L. Name
This amount: five hundred eighty-three dollars twenty-four cents $63.24

VOID VOID VOID

Authorized Signature

Contrat de location ou facture de service d'utilité publique

aps®

SRP

NATIVE HEALTH

Arizona Department of Health Services