

FAMILY ASSISTANCE ADMIN
CHANGE CENTER
PO BOX 19009
PHOENIX AZ 85005

STATE OF ARIZONA PAGE 1 OF 5
DEPARTMENT OF ECONOMIC SECURITY
HTTP://WWW.AZDES.GOV/FAA

OFFICE NUMBER: (855) 432-7587
CASE NUMBER: 03860242
NOTICE NUMBER: C013
MAILING DATE: 10/17/14

SHARON A. PETRIE
553 S ASH ST
GILBERT AZ 85233

DEAR SHARON A. PETRIE
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 beneficios si usted está en desacuerdo con nuestra decisión. Llame de inmediato al DES al 1-855-432-7587 y DES le leerá este aviso a usted en Español.

**THIS NOTICE IS ABOUT YOUR APPLICATION OR
REPORTED CHANGE FOR BENEFITS
AND INFORMATION NEEDED**

Important: We need more information to determine if you or other persons in your case are eligible for the program(s) listed below:

- * AHCCCS HEALTH INSURANCE

THIS IS THE INFORMATION WE NEED

We need proof of the following for CODY PETRIE:

- School enrollment (such as a college, university, and technical/vocation school). This includes proof of whether the person listed is attending full-time, half-time or less than half time; and the start and end dates.
- The amount of financial assistance received for going to school. This includes proof of the time period the money covers.
- The type of financial assistance received (such as a BEOG/Pell Grant, NDSL/Perkins Loan, and Work Study.)
- Student expenses (such as tuition and books).

THIS IS WHAT YOU NEED TO DO

We have provided with this notice the VERIFICATION OF STUDENT INFORMATION form. SECTION ONE must be completed by the person listed. SECTION TWO must be completed by the school.

IMPORTANT: The last page of the notice must be returned to us with the other pages completed by the school official with the school official's printed name, phone number, job title, signature and date signed.

-Deadline for Giving us Your Information-

You must give us your information by 10/27/2014.

WAYS TO GIVE US YOUR INFORMATION

You can:

1. Return it by mail to:
Department of Economic Security
P O Box 19009
Phoenix, AZ 85005-9009
2. FAX to (602) 257-7031, or
3. Take this to the local Department of Economic Security/Family Assistance Administration office.
4. Health-e-Arizona applications ONLY
You can use your on-line account to scan and upload verification, or to print Health-e-Arizona fax cover sheets and fax verification for your application.

WHAT HAPPENS IF WE DO NOT GET YOUR INFORMATION

If you do not give us the information or ask us for help by 10/27/2014, the benefits for the program(s) listed on page 1 could be denied, changed or stopped. We will send you a separate notice if we take further actions.

WHAT YOU CAN DO IF YOU NEED HELP OR HAVE QUESTIONS

Call us at 1 (855) 432-7587. You can call us Monday through Friday, 8:00 a.m. to 5:00 p.m. The TTY/TDD number for the hearing impaired is 7-1-1.

If you need help in getting documents or other information please contact us.

VERIFICATION OF STUDENT INFORMATION

SECTION ONE to be Completed by CODY PETRIE

To the administrator at ARIZONA STATE UNIVERSITY
I authorize you to release the information in this notice to the
Department of Economic Security.

Cody Petrie

Please Print Your Name

MAILING DATE: 10/17/14
CASE NUMBER: 01860242
NOTICE NUMBER: 0013

Letty Villan
Signature _____ Date Signed 10/21/14

SECTION TWO for The School Administrator to Complete

1. Is CODY PETRIE enrolled in school now?
☐ Yes or ☒ No
If yes, enrollment dates: From _____ To: _____
If no, last date attended: _____
2. Student is attending: ☐ Full-time or ☒ Half-time or ☐ Less than half-time
3. School term began _____ and ends _____
4. List all loans (VA included), scholarships, and grants awarded to the student. Please include all terms of semesters:

NAME OF SCHOLARSHIP LOAN OR GRANT	TITLE IV FUND	GROSS AMOUNT	DATE RECEIVED	TIME PERIOD	
				START	END
A.		\$			
B.		\$			
C.		\$			
D.		\$			

5. List the student's expenses:

Expense Type	Amount of Expenses	Expenses Broken Down By Income Types List in #4			
		A.	B.	C.	D.
Mandatory Tuition	\$	\$	\$	\$	\$
Mandatory Fees	\$	\$	\$	\$	\$
Loan origination fees	\$	\$	\$	\$	\$
Loan insurance Premiums	\$	\$	\$	\$	\$
Books, supplies, equip	\$	\$	\$	\$	\$

transportation	\$	\$	\$	\$	\$
Medical	\$	\$	\$	\$	\$
Personal	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$

6. The total tuition expense is \$ _____ to cover the period from _____ to _____

7. Are excess monies from grants and loans held until the completion of the course? ☐ Yes or ☐ No If yes, amount: \$ _____

8. Is the student enrolled in:

- ☐ WIA
☐ Job Corps
☐ Other, please specify: _____

9. Does the student live on campus? ☐ Yes or ☐ No
 If yes, what is the amount of rent: \$ _____
 Does the rent include board/food? ☐ Yes or ☐ No

10. Does the student receive a monthly living allowance?
☐ Yes or ☐ No If yes, amount: \$ _____

QUESTIONS 11 AND 14 PERTAIN TO WORK STUDY

11. Date Started: _____
 12. Hours expected to work per week: _____
 13. Rate of pay per hour: \$ _____
 14. How often paid: _____
☐ Weekly, Days of Week Paid: _____
☐ Bi-weekly, Day of Week Paid: _____
☐ Twice Monthly, Dates: _____
☐ Monthly, Day: _____

LIST GROSS PAY RECEIVED THIS MONTH AND LAST MONTH

MONTH:	Date Paid	Gross Amount
		\$ _____
		\$ _____
		\$ _____
		\$ _____
MONTH:		\$ _____
		\$ _____
		\$ _____

MAILING DATE: 10/17/74
CASE NUMBER: 03860302
NOTICE NUMBER: CD13

Printed Name of School Official: Title of School Official

Signature of School Official: Date

Name of School:

Address:

Telephone number ()

