YUMA COMMUNITY FOOD BANK
Serving Southwestern Arizona

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

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CHICANOS POR LA CAUSA

CONNECTING FAMILIES TO APS UTILITY ASSISTANCE, AHCCCS AND SNAP RESOURCES

November 17th thru November 19th, 2026

Walk-IN SNAP/AHCCCS Application Assistance

November 17th ONLY Walk-In APS Utility Assistance

TIME: 8:30AM-3:00PM

LOCATION: Yuma Community Food Bank

2404 E. 24th St. Yuma, AZ 85365

- **Walk-In APS Utility Assistance available (up to $1,000K towards your past due bill) for customers experiencing a documented crisis.**
- **SNAP, AHCCCS and Marketplace application assistance available with Keogh Health Connection.**
- **Be sure to bring all required documents to help you complete your aplications.**

Walk-In Assistance includes: SNAP, AHCCCS and Marketplace enrollment!

Call for more info: 602-266-0397

wildfire
Igniting Community Action to End Poverty in Arizona

Time Saving Tips

Help us help you reduce your wait time!

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

1 When you are applying for or renewing your benefits please use the online application at healthearizonaplus.gov.

2 When you need an interview please call 1-855-777-8590 for a phone interview or visit your nearest office.

When doing your interview please have the following information available:

1) Proof of identity (one from list below) and for immigrant applicants (verification of alien status):

- ☐ Visa
- ☐ Birth Certificate
- ☐ Driver's License
- ☐ US Passport
- ☐ State Identification Card
- ☐ Other ID
- ☐ **Immigration Documents** *(Lawful Permanent Resident card, voter registration card, certificate of naturalization, employment authorization card, I-94 Refugee Travel Documents, etc.)*

2) Earned Income:

Provide proof of income for all persons in the budgetary unit, from any employment sources for the last 30 days or more. Proof includes and is not limited to the following:

- ☐ A copy of pay stubs received in the past 30 days
- ☐ A statement showing all:
  - ☐ Tips
  - ☐ Commissions
  - ☐ Bonuses
  - ☐ Overtime
- ☐ A statement from employer or organization that shows the gross amount of income for the past 30 days.
- ☐ A statement from employer showing the normal range of hours worked, if the hours worked vary from pay-check to pay-check.
- ☐ Proof of terminated employment – must include the last day worked, last day paid, the gross amount, and severance pay, if applicable.
- ☐ Self-employment *(work for yourself, as an independent contractor, dictate your own hours, use your own tools.)* Provide all the Income for the past 12 months or income for all months when the business has been operating for less than 12 months. Receipts for expenses *(Cost of doing business)* are needed.

3) Proof of income (not from employment), for all persons in the household:

- ☐ Social Security Award Letter
- ☐ Child Support *(check stubs, printout)*
- ☐ Veteran's Administration Award Letters
- ☐ Gifts or Loans being received
- ☐ Federal Income Tax Return *(all addendums and Schedules)*
- ☐ Worker's Compensation *(Award Letter and Check Stubs)*
- ☐ Temporarily Disabilities Insurance (TDI)

4) Proof of Arizona residency and housing costs:

- ☐ Rent or Mortgage Receipts
- ☐ Written explanation of any shared housing costs *(Roommates, relatives, etc.)*
- ☐ Lease Agreement or statement from Landlord
- ☐ Utility Bills *(gas, oil, electric, water, garbage, phone)*
- ☐ Homeowner's or Renter's Insurance

When renewing these are only needed if there has been a change since your last interview or Mid Approval Contact.

5) Medical Expenses for a person who is aged 60 or older or has a disability and monthly out of pocket medical expenses are more than $35:

- ☐ Prescriptions
- ☐ Co Payments
- ☐ Premium facilities
- ☐ Insurance Receipts
- ☐ Medical Bills
- ☐ Mileage to Medical

6) Proof of childcare expenses for the past 30 days when someone cares for your children while you work. Do you transport the child to or from the childcare location?

7) Social security number or card, or proof that an application for one has been made and submitted.

Helpful Information

8) Proof of disability: ☐ Letter from Social Security ☐ Statement from your doctor ☐ Letter from Veterans Admin.

9) Proof of legal obligation and payment of court ordered child support:

Provide one item from each column:

- ☐ Court order
- ☐ Division of Child Support Services (DCSS)
- ☐ SSA Award Letters
- ☐ Cancelled Checks
- ☐ Money order copies

Healthcare Marketplace: 1-800-318-2596 • healthcare.gov
Social Security Administration: 1-800-772-1213 • socialsecurity.gov
TTY Number for the Social Security Administration: 1-800-325-0778

For *any* questions regarding your case or help with your HEAplus Username or Password, please call 1-855-432-7587 or visit your nearest office. You can Apply for Benefits or Report Changes at: healthearizonaplus.gov

See reverse for USDA/EOE/ADA disclosures

Creating Your...

Username:

When applying for benefits through HEAplus, you will enter your name, street address, city name, state name, email address, etc.

You will also be asked to "Create your Username", and it's good to create a unique Username that is easy for you to remember.

While we never recommend writing both your Username and Password on the same sheet of paper, the bottom of this flyer can be used to write one or the other. Please be sure to read the advice in the note at the bottom of that section.

Note: If you're looking for general suggestions about creating a Username for business interactions, we found the following ideas shared on various websites:

- Do not use the exact same Username on different website accounts.
- Remember the Username represents who you are to others.
- Avoid using any personally identifiable information, such as your first and last name or your birthdate. It's especially important not to use your last name. You could use your seldom-spoken middle name, and spell it backwards.
- Do not reveal your age, or your location.
- Avoid offending people.
- Combine the name of a favorite pet with the name of a place you would enjoy visiting, such as Woofie Grand Canyon, or consider your interests:
  If you love a local lake, find out the name of a popular flower that grows there, and base your Username around it. *Example: Pleasant Lake Daisies.*
  Or if you like watching football, use your favorite team's name with the first name of a current player.
- Use a phrase that is meaningful to you: *"I love ice cream."*
- Keep it clean: Do not use inappropriate words.
- Use a dash or underscore between some words: (- or _)

Password:

- Your password must be eight or more characters long. No repeating of characters (examples: 00 or 22).
- No repeating of character pairs (examples: oxox or 2424).
- Use at least one number.
- Use at least one special character (such as: !, @, #, $, (, %,), &, *).
- Use a combination of upper and lower case letters (use at least one upper case letter).
- The password should contain no blank spaces.

Important

When you choose to write your information into the blank spaces below, be sure to keep this information in a safe place.

Application ID #: _____ Case #: _____

Username: _____ ***or*** Password: _____

Note: You are solely responsible for the use and proper protection of your Username and Password, and you shall take precautions to prevent their loss (including the loss of this flyer if you write your information into the blank spaces) and/or unauthorized use. You agree to hold harmless the State of Arizona, the Department of Economic Security and AHCCCS from and against any and all claims, losses, liability, costs and expenses arising from such losses or unauthorized uses.

This institution is an equal opportunity provider.

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