

The AHCCCS Office of Individual and Family Affairs (OIFA) wants to hear from you. Please take a moment to write down the biggest challenge you and/or someone you know face when accessing services.

**The issue I'm concerned about most is:** \_\_\_\_\_  
 (e.g., transportation, access to services, etc.)

**The reason I'm concerned about it is:** \_\_\_\_\_  
 (e.g., wait times, customer service, etc.)

**The change I'd like to see is:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please share some details about your experiences with this specific challenge:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact you regarding this issue?  
 No, I do not wish to be contacted.      Yes, you may contact me via the information below.

Your Name: \_\_\_\_\_  
 Member Name: \_\_\_\_\_  
 \*Member DOB: \_\_\_\_\_  
 \*Member ID Number: \_\_\_\_\_  
 Health Plan: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Want to receive the OIFA Weekly  
 Newsletter filled with articles,  
 opportunities, and useful resources?  
[JOIN OUR EMAIL LIST](#)**

*\*This information is not required, however can be helpful in researching the issue or problem.*

Return this form to an OIFA Representative, or send it to the OIFA Office:

By Mail:	By Fax:	By Email:
Office of Individual and Family Affairs 701 E. Jefferson St. MD 9000 Phoenix, AZ 85034	Attn: OIFA 602-364-4590	Email form to <a href="mailto:OIFA@azahcccs.gov">OIFA@azahcccs.gov</a>

For Office Use Only	
Priority: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Category: <input type="checkbox"/> Tra <input type="checkbox"/> DiS <input type="checkbox"/> Ser <input type="checkbox"/> HP <input type="checkbox"/> Pro
OIFA Team Discussion Date:	Bureau Chief Review Date: