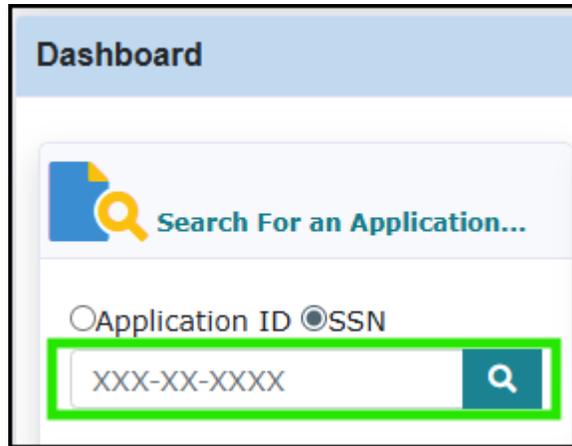


## How to Apply for Yourself and Your Newborn in Health-e-Arizona Plus (HEAplus)

Go to [Health-e-Arizona Plus](#) (HEAplus) and log in to your account



Search using your Social Security Number (SSN) in the Search For an Application... window



Select Begin Application

**Search Results**

No Persons were found, please refine the search.

You have chosen to search for persons that match the following criteria:

- SSN that contains 555-65-6666
- Last Name that contains Jones
- Middle Name that contains K
- First Name that contains Della
- Date of birth that matches 04/27/2000

Search:  Show 10 entries

Member ID	Created Date	Name	Gender	SSN	Date of Birth	Application ID
No data available in table						

0 Record Found Previous Next

Back to Search
Begin Application
Archived Applications

Select:

- “Yes” for “Are you applying for benefits for yourself” and
- “Yes” for “Are you applying for benefits for any of the following persons who live with you?”

**You and the Applying Household**

Are you applying for benefits for yourself?  Yes  No

Are you applying for benefits for any of the following persons who live with you?  Yes  No

- Your Spouse
- Your children under age 22 (natural, adopted or stepchildren)
- Relatives in your care who are under the age of 19
- A partner with whom you have children
- Other persons who purchase and prepare food with you.

(Answer yes if you are applying for someone who normally lives with you but is temporarily away from home working or attending school.)

**I need to apply for Medical Assistance for a deceased person**

← Previous
✕ Cancel
Save and Close
Next →

**Help and Hints** <

**Program Status** ▾

**Medical Assistance Programs**

+ Applying

**Nutrition Assistance Program**

👤 Not Applying

Add Nutrition Assistance Program

**Cash Assistance Program**

👤 Not Applying

Add Cash Assistance Program

[View Application Summary](#) | [Case Summary](#)

Fill in information for Main Contact for the Household

**Main Contact for the Household**

First Name	<input type="text" value="Della"/>
Middle Name	<input type="text" value="K"/>
Last Name	<input type="text" value="Jones"/> 
Suffix (Jr, Sr, etc.)	<input type="text" value="-- Select One --"/>
What language do you speak best?	<input type="text" value="English"/> 
What language do you read best?	<input type="text" value="English"/> 
Does this person have a visual impairment that requires an alternative format for printed letters?	<input type="radio"/> Yes <input checked="" type="radio"/> No

[← Previous](#) [× Cancel](#) [Save and Close](#) [Next →](#)

[View Application Summary](#) | [Case Summary](#)

Example information

**Information of Della K Jones** Case Notes

Does Della K Jones use any other names (Maiden name, nicknames, etc.)?  Yes  No

Date of Birth

Gender  Male  Female

Social Security Number

AHCCCS ID

Is Della K Jones a U.S. citizen?  Yes  No

**Main Contact's Home Address** Case Notes

Is the Main Contact's home address outside the U.S.?  Yes  No

If the Main Contact is homeless, living in a shelter or an institution, or is enrolled in Arizona's Address Confidentiality Program, [Click Here](#) to enter more information.

Zip Code

Address 1

Address 2

City

State

County

← Previous × Cancel Save and Close Next →

### Main Contact's Mailing Address

 Case Notes

Are the home and mailing addresses of the Main Contact the same?  Yes  No

Is the Main Contact's mailing address outside the U.S.?  Yes  No

#### Mailing Address

ZIP Code

Address 1

Address 2

City

State

In Care Of

 Previous

 Cancel

 Save and Close

 Next 

Add your Newborn's first name, middle name, last name, and relationship to you in the Persons Who Live you window.

**Persons Who Live With Della Jones** Case Notes

How many persons live with Della Jones, including persons who normally live with Della Jones but are temporarily away from home?

First Name	Middle Name	Last Name	Suffix (Jr, Sr, etc.)	Relationship to Main Contact
Della	K	Jones	-Suffix-	Self
Fella	K	Jones	-Suffix-	Son

Input information for you and your Newborn. Be sure to include all household members on your application. You will have the option to indicate if they are applying or not applying.

**Information of Fella K Jones** Case Notes

Name	Date of Birth	Gender	Social Security Number	U.S. Citizen or Immigration Status	Edit / Remove
Della K Jones	4/27/2000	Female	555-65-6666	U.S. Citizen	

Does Fella K Jones use any other names (Maiden name, nicknames, etc.)?  Yes  No

Date of Birth

Gender  Male  Female

Social Security Number

AHCCCS ID

Is Fella K Jones a U.S. citizen?  Yes  No

Document History

Name	Date of Birth	Gender	Social Security Number	US Citizen or Immigration Status	Edit / Remove
Della K Jones	4/27/2000	Female	555-65-6666	U.S. Citizen	

Does Della K Jones use any other names (Maiden name, nicknames, etc.)?  Yes  No

Date of Birth   

Gender  Male  Female 

Does Della K Jones have a Social Security Number?  Yes  No

Has Della K Jones applied for SSN?  Yes  No

SSN application date  

AHCCCS ID

Is Della K Jones a U.S. citizen?  Yes  No

 Previous

Cancel

Save and Close

Next 

**Tax Filing Information** Case Notes

Does Della K Jones plan to file a Federal Income Tax return for 2025?  Yes  No

Is Della K Jones married?  Yes  No

Della K Jones 's Filing Status Single

Please check any of the following persons who will be claimed on Della K Jones 's tax return:

Fella K Jones

Does Della K Jones and spouse plan to claim other persons on this tax return who are not in this household?(Please do not include persons who are already in this application)  Yes  No

Previous Cancel Save and Close Next

View Application Summary | Case Summary

How We Will Use Your Information

Document History

Double-check that the information for yourself, your newborn, and all household members are listed in the Household Summary window.

**Household Summary** Case Notes

Name	Date of Birth	Gender	Social Security Number	U.S. Citizen or Immigration Status	Edit / Remove
Della K Jones	4/27/2000	Female	555-65-6666	U.S. Citizen	
Fella K Jones	9/3/2025	Male	N/A	U.S. Citizen	

Previous Cancel Save and Close Next

View Application Summary | Case Summary

Document History

Input information on the Pregnancy Information window.

**Pregnancy Information** Case Notes

Is anyone you are applying for pregnant?  Yes  No

Did anyone you are applying for have a pregnancy end this month or the past five months?  Yes  No

Please select who had a pregnancy end.

Della K Jones

Pregnancy end date

← Previous × Cancel Save and Close Next →

Verify in the Household Summary window that all applicants are included.

Select Next to continue through the application flow and answer all the necessary questions to **complete the application process.**

» About You » **About Your Family** » Confirm Income » Additional Information » Next Steps

**Household Summary** Case Notes

Name	Date of Birth	Gender	Social Security Number	U.S. Citizen or Immigration Status	Edit / Remove
Della K Jones	4/27/2000	Female	555-65-6666	U.S. Citizen	
Fella K Jones	9/3/2025	Male	N/A	U.S. Citizen	

← Previous Cancel Save and Close Next →

View Application Summary | Case Summary

**Help and Hints** +

**Program Status** -

**Medical Assistance Programs**

Della Jones Applying

Fella Jones Applying

**Nutrition Assistance Program**

Not Applying

Add the Program

**Cash Assistance Program**

Not Applying

Add the Program

When the application flow is complete, provide pending verifications by clicking on the "Provide Verification or Other Documents" button.

**Verification Status** Case Notes

Eligibility Application Summary  
Send Document Upload Link

Provide Verification or Other Documents
Dual Entitlement Call
Re-run HUB Check

---

**Della K Jones**  
04/27/2000(25) Potentially Eligible for AHCCCS Medical Assistance

View All Factor Include in Dual Entitlement Call

Factors	Document	+	History	Check Hub
+ Age <small>Edit</small>		Verified <small>Client Statement 9/29/2025 3:29:42 PM</small>	View	<input type="checkbox"/>
+ SSN 555-65-6000 <small>Edit</small>		Pending	View	<input type="checkbox"/>
+ Citizenship <small>Edit</small>		Pending	View	<input type="checkbox"/>
+ State residency AZ Resident <small>Edit</small>		Pending	View	<input type="checkbox"/>
+ Postpartum <small>Edit</small>		Pending	View	<input type="checkbox"/>
+ Income Chris Diner \$200.00 Weekly		Pending	View	<input type="checkbox"/>

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**Fella K Jones**  
09/03/2025(0) Potentially Eligible for AHCCCS Medical Assistance

View All Factor Include in Dual Entitlement Call

Factors	Document	+	History	Check Hub
+ Age <small>Edit</small>		Verified <small>Client Statement 9/29/2025 3:29:42 PM</small>	View	<input type="checkbox"/>
+ Citizenship <small>Edit</small>		Pending	View	<input type="checkbox"/>

## Provide Documents

Application ID (Last 5 digits)

'00228 - Started 09/24/2025

Select a person from the list to see what documents are needed.

Person

Della K Jones (25 years)

Fella K Jones (0 years)

Close