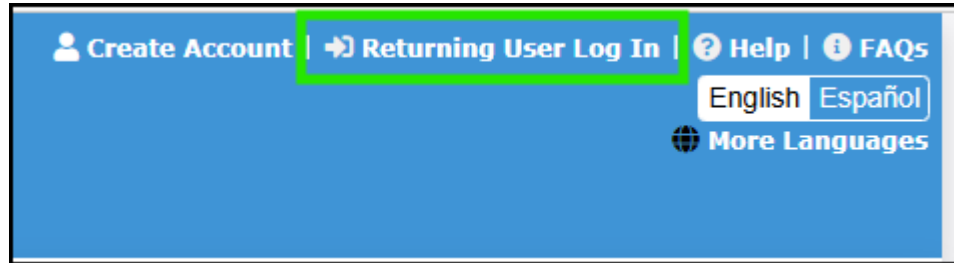
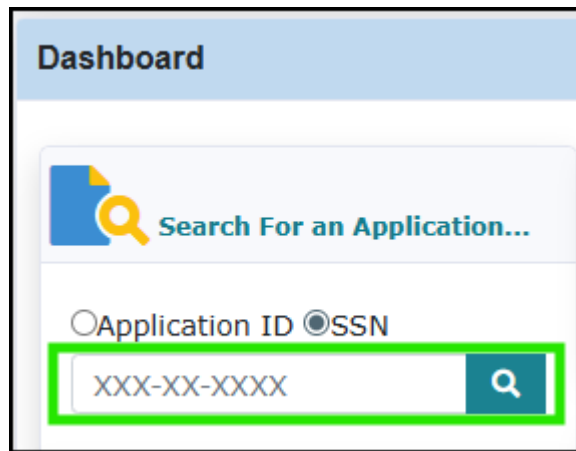


How to Apply for Yourself and Your Newborn in Health-e-Arizona Plus (HEAplus)

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 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](#) [X 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

Della

Middle Name

K

Last Name

Jones

Suffix (Jr, Sr, etc.)

- - - Select One - - -

What language do you speak best?

English

What language do you read best?

English

Does this person have a visual impairment that requires an alternative format for printed letters?

☐ Yes

☒ 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

04/27/2000

Gender

☐ Male ☒ Female

Social Security Number

555-65-6666

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

85555

Address 1

123

Address 2

Della Jones St

City

Phoenix

State

Arizona

County

Maricopa

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

85555



Address 1

123

Address 2

Della Jones St

City

Phoenix

State


Arizona



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?

1

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

Previous

Cancel

Save and Close

Next

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

09/03/2025

Gender

Male

Female

Social Security Number

XXX-XX-XXXX


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

Date of Birth  

Gender ☒ Male ☐ Female 


Does Fella K Jones have a Social Security Number? ☐ Yes ☒ No

Has Fella K Jones applied for SSN? ☒ Yes ☐ No

SSN application date 


AHCCCS ID

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

 Previous

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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 Document History

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](#) [X 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 Document History

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
<div><div></div><div>Age</div><div></div></div>		<div>Verified</div> <div>Client Statement</div> <div>9/29/2025 3:29:42 PM</div>	<div>View</div>	<div></div>
<div><div></div><div>SSN</div><div>555-55-5555</div><div>Edit</div></div>		<div>Pending</div>	<div>View</div>	<div></div>
<div><div></div><div>Citizenship</div><div>Edit</div></div>		<div>Pending</div>	<div>View</div>	<div></div>
<div><div></div><div>State residency</div><div>AZ Resident</div><div>Edit</div></div>		<div>Pending</div>	<div>View</div>	<div></div>
<div><div></div><div>Postpartum</div><div>Edit</div></div>		<div>Pending</div>	<div>View</div>	<div></div>
<div><div></div><div>Income</div><div>Chris Diner</div><div>\$200.00 Weekly</div></div>		<div>Pending</div>	<div>View</div>	<div></div>

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
<div><div></div><div>Age</div><div></div></div>		<div>Verified</div> <div>Client Statement</div> <div>9/29/2025 3:29:42 PM</div>	<div>View</div>	<div></div>
<div><div></div><div>Citizenship</div><div>Edit</div></div>		<div>Pending</div>	<div>View</div>	<div></div>

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