



## Change Request (by Member) - American Indian Health Program

**Instructions:**

Complete this form when AHCCCS has requested proof of your Tribal membership/enrollment/affiliation. Tribal members may change their health plan from an AHCCCS Complete Care (ACC) plan to American Indian Health Program (AIHP) at any time. If you have not already called, contact us at 602-417-7100 or 1-800-334-5283.

<b>Legal Name of Requestor:</b>	<b>Phone Number:</b>
<b>Address:</b>	<b>Email:</b>

The household member(s) listed below request to change their enrollment to American Indian Health Program:

First Name	Last Name	AHCCCS ID	Date of Birth

Complete the section below related to submitting documentation, if you and/or any household members mentioned above have never received services from an IHS/638 Urban Indian Organization. You can send proof of tribal membership/enrollment/affiliation, and this signed form to AHCCCS one of the following ways:

- Send a scanned copy or picture by email: [AIHPMemberHPChangeRequest@azahcccs.gov](mailto:AIHPMemberHPChangeRequest@azahcccs.gov)
- Fax: 602-252-6536
- Mail: 801 E Jefferson  
MD 3400 AIHP  
Phoenix, AZ 85034

**DO NOT send original Tribal membership/enrollment documents, please send copies only.**

Please see the back of this letter for a list of proof documents. Note: Certain family members of an enrolled tribal member may need more than one.

Sign this letter below and return it with a copy of your proof of Tribal membership/enrollment/affiliation.

I affirm under penalty of perjury that the statements and documents provided about the persons named above, that relate to AHCCCS enrollment, are true and correct to the best of my knowledge.

Printed Name of Customer or Authorized Representative:	Signature of Customer or Authorized Representative:	Date:
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## **Proof of Connection to a Federally Recognized Tribe**

### Documents issued by a federally recognized Indian Tribe or the Bureau of Indian Affairs:

- Enrollment/membership card with the tribal seal and/or official signature
- Certificate of Degree of Indian Blood (CDIB)
- Tribal census document,
- Tribal Voter Registration card,
- Letter on tribal letterhead with an official signature confirming membership, descendency, or affiliation with the Tribe.

### Documents with the person's name that show affiliation with a federally recognized Indian Tribe:

- Tribal gaming payment statements,
- Documents showing receipt of assistance payments from a Tribe, including General Assistance and Tribal Foster Care/Adoption Subsidy.
- Letter from the Marketplace granting a tribal exemption based on tribal membership or Alaskan Native shareholder status.
- Documentation of tribal land parcel allocation.
- Documents issued by the Indian Health Service (IHS), 638 or UIO showing individual is eligible for services as an AI/AN.

### Documents for certain family members of an enrolled tribal member

A document from the list above for the enrolled member of a federally recognized tribe, plus proof of relationship to the enrolled tribal member for the family members listed below:

- Spouses (if eligible for services by resolution of the Indian Tribe or tribal organization):
  - Marriage certificate or court document identifying current legal marriage.
- Individual pregnant with the child of a member of an Indian Tribe or shareholder of an Alaska Native corporation:
  - Marriage certificate or written acknowledgement of paternity.
- Child or grandchild of an enrolled member of an Indian Tribe or shareholder of an Alaska Native corporation:
  - Birth certificate, court document, record of baptism, or other official records showing relationship to the enrolled member.

For more information about AIHP or proof of connection to a federally recognized tribe, visit the [azahcccs.gov](http://azahcccs.gov) website. Select "American Indians" from the bar at the top of the page, then select "American Indian Health Program". For proof of connection to a federally recognized tribe, select the link in the first section titled, "Enrolling in AIHP".