



APPLICATION FOR AHCCCS CHILDREN'S REHABILITATIVE SERVICES DESIGNATION



Complete this application to start the process of determining a CRS designation. If this application is not completed, the customer's CRS condition will be treated by the AHCCCS Complete Care (ACC) plan. You can return this application and all required documentation by:

MAIL:
AHCCCS-CRS Unit
801 E Jefferson St. MD 3500
Phoenix, AZ, 85034

FAX:
602-252-5286

For questions contact the CRS Unit at 602-417-4545 or 1-855-333-7828

SECTION 1: CUSTOMER'S AHCCCS INFORMATION

Does the customer have AHCCCS? YES NO

If Yes: AHCCCS ID Number:

If Yes: AHCCCS Complete Care (ACC) plan:

If No: Has an application been submitted? YES NO

NOTE: To be eligible for a CRS Designation customer must first be enrolled in AHCCCS.

I understand that specialist records showing diagnosis and active treatment are required with this form.

SECTION 2: MEDICAL INFORMATION

List the diagnosis and active treatment:

SECTION 3: CUSTOMER INFORMATION

Child's First Name		M.I.	Child's Last Name	
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Child's Social Security Number - -	
Parent/Representative's First Name			Parent/Representative's Last Name	
Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Representative <input type="checkbox"/> Other:				
Parent/Representative's Mailing Address			City	State Zip Code
Phone Number			Alternate Phone Number	
Name of Child's Primary Care Provider			Primary Care Provider's Phone and Fax Number /	
Name of Child's Specialist			Specialist's Phone and Fax Number /	

SECTION 4: REFERRAL INFORMATION

Has the person making the referral notified the child's parent/representative? Yes No

Name of Person Making Referral (First, Last)

Agency Making Referral:

Phone Number:

Relationship to Child:

Parent

Legal Guardian

Provider

Social Worker

Self

AHCCCS Contractor

Other:

NOTICE OF NON-DISCRIMINATION

The Arizona Health Care Cost Containment System (AHCCCS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AHCCCS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AHCCCS provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, and other formats). AHCCCS provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Health-e-Arizona Plus Customer Support Center at 1-855-432-7587 (TTY: 711).

If you believe that AHCCCS failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the AHCCCS General Counsel. You can file a grievance in person or by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination. Submit your grievance to: General Counsel, AHCCCS Administration, Office of Administrative Legal Services, MD 6200, 801 E. Jefferson, Phoenix, AZ 85034 Fax: 602 253 9115 Email: EqualAccess@azahcccs.gov. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Aviso de No Discriminación

Arizona Health Care Cost Containment System (AHCCCS) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. AHCCCS no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo. AHCCCS proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes intérpretes de lenguaje de señas capacitados y información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, y otros formatos). AHCCCS proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes intérpretes capacitados y información escrita en otros idiomas. Si necesita recibir estos servicios, comuníquese con Health-e-Arizona Plus Customer Support Center at 1-855-432-7587 (TTY: 711).

Si considera que AHCCCS no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a AHCCCS General Counsel. Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Su querrela deberá presentarse por escrito en plazo de 180 días a partir de la fecha en la que la persona que se querelle se percate de lo que le parezca ser discrimen. Remita su querrela a: General Counsel, AHCCCS Administration, Office of Administrative Legal Services, MD 6200, 801 E. Jefferson, Phoenix, AZ 85034 o envíela por fax a: 602 253 9115 0 envíela por correo electrónico (Email) a: EqualAccess@azahcccs.gov. También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights

Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación: U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; 1-800-368-1019, 800-537-7697 (TDD). Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

