

# **MyFamilyBenefits- Create an Account**

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# Registration

The customer may only register one account in MyFamilyBenefits for the budgetary unit. The account will be created using the information from the primary Informat on the case. All associated cases where the individual is the primary will be included in the same account.

**Step 1:** Launch MyFamilyBenefits URL https://myfamilybenefits.azdes.gov

WWW.AZDES.gov/ MyFamilyBenefits
Log In / Register
OR OR
<u>Register</u>
Trouble logging in? View self-service options below:
Forgot Password
Unlock Account Forgot Username

Step 2: Select the "Register" button



**Step 3:** Enter a valid Email address in the "Enter Email Address" and "Confirm Email Address" fields, then click the "Continue" button.

MyFamilyBenefits now requires an email Id to create an account and the same email address cannot be used for multiple accounts.



#### Registration

MyFamilyBenefits now requires customers to provide one email per account. The same email cannot be used for multiple accounts.

Enter Email Address
Confirm Email Address
Continue
If you do not have an email address, you can set one up for
FREE from Gmail or Yahoo.
Back to Log In

**Step 4:** Complete authentication by entering the **Case Number/Date of Birth** or **Social Security Number/Date of Birth** of the Primary Informant. The customer will need the Case Number and Date of Birth of the Primary Informant on the case. If the customer does not know their Case Number, they can use the Social Security Number and Date of Birth of the Primary Informant on the case.

**Register With Case Number (Option1)**: On the Register with Case Number screen:

- 1) Enter the Case Number and Date of Birth of the Primary Informant.
- Select the check box next to "I agree to the terms and conditions. <u>Click Here</u>".
- 3) Click the Continue button.

If Case Number is not available, proceed to **Register With Social** Security Number (Option2) below.





To review the terms and conditions, select the <u>"Click Here"</u> link in the "**I agree**" statement. A pop-up of the agreement will appear.

#### Accept User Agreement

×

Close

User Agreement: Please read the rules contained in this Agreement carefully. This site displays confidential information from the Family Assistance Administration. It is intended to allow members to access their own program eligibility information and that of other members in their household. The information is to be used only by the person(s) it is intended for. If you are not the person this information is intended for, or you have not been given permission to do so, be aware that any use, disclosure, copying, sharing or distribution of the contents of this information is prohibited. Misuse of the site or attempts to use the site for any other purpose will result in termination of access to the site, without notice, and may subject the user to criminal prosecution.

**Register With Social Security Number (Option2)** Customers that do not have a Case Number can register their accounts using Social Security Number & Date of birth.

On the Social Security Number screen:

- 1) Enter Social Security Number and Date of Birth of the Primary Informant.
- Select the check box next to "I agree to the terms and conditions". <u>Click Here</u>".
- 3) Click the Continue button

To return to **Register With Case Number (Option1)** click on the "<u>Click Here</u>" link.



If you do not know your Case Number or Social Security Number, please contact us for assistance at 1-855-777-8590. To return to the Case Number/DOB authentication page, <u>Click Here</u>

Back to Log In



To review the terms and conditions, select the <u>"Click Here"</u> link in the **"I agree"** statement. A pop-up of the agreement will appear.

#### Accept User Agreement

×

Close

User Agreement: Please read the rules contained in this Agreement carefully. This site displays confidential information from the Family Assistance Administration. It is intended to allow members to access their own program eligibility information and that of other members in their household. The information is to be used only by the person(s) it is intended for. If you are not the person this information is intended for, or you have not been given permission to do so, be aware that any use, disclosure, copying, sharing or distribution of the contents of this information is prohibited. Misuse of the site or attempts to use the site for any other purpose will result in termination of access to the site, without notice, and may subject the user to criminal prosecution.

**Step 5:** An email will be sent with a temporary password to the email entered in Step 3 above. Select "**Close**" and a new window will open to the "**Log In**" screen. Or skip to **step 7** to access the login page.





**Step 6:** Customer will receive an email from: "FamilyAssistanceAdministration <<u>noreply@azdes.gov</u>>" with a Temporary Password.

Note: Click Login if the "Close" button was not selected at Step 5

Dear Customer,	
We have received a Temporary Password Request. Please click the link below to log in using your username and temporary password.	
Login to your account: abc123@gmail.com	
Temporary Password: 5vv5tGFs	
Log In	
Arizona Department of Economic Security	

Step 7: Enter the Email Id from Step 3 then click "Log On".

WWW.AZDES.gov/ MyFamilyBenefits
Log In / Register
Email / Username
Log On
OR
Register
<u>Trouble logging in? Click to view self-</u> service options.



**Step 8:** Enter the **"Temporary Password"** received in the email, then click **"Verify"**.



# **Email Authentication**

Click **"Send me the Code"** to obtain One Time Passcode (OTP) via email.

Note: Code will be sent to the customer's registered email provided at **Step 3.** 



One Time Passcode (OTP) is sent to the customer via email.	Dear Customer, Please use the following one-time code to verify the email address for your account: 605167 Arizona Department of Economic Security
	This is an auto-generated response do not reply to this email. NOTICE: This email (and any attachments) may contain PRIVILEGED OR CONFIDENTIAL information and is intended only for the use of the specific individual(s) to whom it is addressed. It may contain information that is privileged and confidential under state and federal law. This information may be used or disclosed only in accordance with law, and you may be subject to penalties under law for improper use or further disclosure of the information in this email (and any attachments). If you have received this email in error, please immediately notify the person named above by reply email, and then delete the original email. Thank you.



Enter the One Time Passcode (OTP) in the **"Verification Code"** field, then click **"Verify"**.



### Step 9: Change Temporary Password

Review the password requirements displayed in the "Your password has expired" window.

- Enter the Temporary Password received in email (Step 6 above)
- 2) Enter New Password and Re-Enter password.
- 3) Click the Change Password button to continue

MyFamilyBenefits
Your password has expired
Password requirements: at least 8 characters, a lowercase letter, an uppercase letter, a number, a symbol, no parts of your username, does not include your first name, does not include your last name Your password cannot be any of your last 6 passwords.
Temporary Password received in Email or Old Password
New password
Re-Enter password
•••••
Change Password
Log Out



### Step 10: Manage Delivery Preferences

The customer may set up their communication preferences for the Notices/Messages from the Family Assistance Administration. Click **"Continue"** to navigate to Dashboard. The customer will be taken to the MFB Dashboard.

Manage Delivery Preferences		
ate how we can notify you regarding infor	mation on your case.	
ant to receive notifications electronically?	VER O	
abc123@gmail.com	Edit	
	Edit	
(XXX) XXX-XXXX	Lui	
Msg & Data Rates May Apply		
I acknowledge the <u>User Agreement</u> and longer receive notifications via USPS mai	understand that I will no il.	
Continue		
ease sign into your <u>Health-e-Arizona Plus a</u> cc	ount to update your preferences	
Medical Assistance.		
	Manage Delivery Prefer at how we can notify you regarding infor ant to receive notifications electronically? abc123@gmail.com (XXX) XXX-XXXX <u>Msg &amp; Data Rates May Apply</u> I acknowledge the <u>User Agreement</u> and longer receive notifications via USPS ma <u>Continue</u> ease sign into your <u>Health-e-Arizona Plus acc</u> Medical Assistance.	Manage Delivery Preferences     ate how we can notify you regarding information on your case.     ant to receive notifications electronically?     abc123@gmail.com     Edit     (XXX) XXX-XXXX     Edit     Manage Delivery Preferences     (XXX) XXX-XXXX     Edit     Manage Delivery Preferences     (XXX) XXX-XXXX     Edit     Manage Delivery Preferences     Manage Delivery Preferences     Maca A Data Rates May Apply     I acknowledge the User Agreement and understand that I will no longer receive notifications via USPS mail.     Continue              ease sign into your Health-e-Arizona Plus account to update your preferences

\*\*\*\*\*\*\*\*\*End of Registration\*\*\*\*\*\*\*