

## Supporting Document FAX Cover Sheet for Community Partners

Please complete and attach this form when faxing supporting documents after submitting an electronic application.

### Sender and FAX Information

**Community Partner (CP) Name:**

**Sender Name:**

**Sender Number:**

**Sender FAX Number:**

**Number of Pages Attached to Cover Sheet:**

### General Information

**Date CP Transmitted Application to HHSC:**

**Applicant's Name:**

**Applicant SSN/Alien ID:**

**Applicant's Date of Birth:**

**Preferred Time to Contact Applicant:**

**Applicant's Contact Number:**

**Document Type:**      *Supporting Document*

#### INSTRUCTIONS:

- Fill out and attach this cover sheet to each applicant's information
- Fax to 1-877-447-2839