



Your Texas Benefits: Getting Started

Food Benefits



SNAP (this used to be called Food Stamps).

Helps buy food for good health. Some people might get help the next work day.

Cash Help for Families



TANF: Temporary Assistance for Needy Families

Helps pay for things like food, clothing, and housing.

- **TANF:** Helps families with children age 18 and younger pay for basic needs. TANF gives monthly cash payments.
- **One-Time TANF:** Helps families with children age 18 and younger in crisis. Crises include losing a job, not finding a job, losing a home, or a medical emergency. This help is given only once every 12 months.
- **One-Time TANF Grandparent:** Helps grandparents caring for a child who gets TANF.

Health Care



Medicaid and CHIP

Helps with medical bills such as bills for doctors, hospitals, and medicines.

Programs include:

- **Children's Medicaid and Children's Health Insurance Program (CHIP).**

If you want to apply only for CHIP or Children's Medicaid, you can use this form or a shorter form. To get the shorter form, call 1-800-647-6558 or go to www.CHIPmedicaid.org

- **Health care for pregnant women.**
- **Medicaid for an adult caring for a child.** Adults who get this must be caring for a child who lives in their home.

If you want to apply for Medicaid for the Elderly and People with Disabilities, you need a different form. To get that form, call 2-1-1 (after you pick a language, press 2).



All phone and fax numbers on this form are free to call. If you are deaf, hard of hearing, or speech impaired, you can call any number by calling 7-1-1 or 1-800-735-2989.

How to Apply

What to do:

1. Fill out this form.
2. Sign and date pages 1 and 18.
3. Send "Items we need." See pages C and D.

How to send it:

Mail: HHSC, PO Box 14600, Midland, TX 79711-4600

Fax: 1-877-447-2839. If your form is 2-sided, fax both sides.

In person: At a benefits office. Call 2-1-1 to find one near you.

www.YourTexasBenefits.com

On this website you can:

- Apply for benefits.
- Find out if you should apply for benefits.
- Print a blank form.
- Find a benefits office near you.
- Renew benefits.



Texas Health and Human Services Commission (HHSC)

Questions about this form or about benefits

Call 2-1-1 (if you can't connect, call 1-877-541-7905).

After you pick a language, press 2 to:

- Ask questions about this form.
- Find where to get help filling out this form.
- Check the status of this form.
- Ask questions about benefit programs.

To learn more about benefits, you also can go to www.hhsc.state.tx.us and www.CHIPmedicaid.org

Report waste, fraud, and abuse

If you think anyone is misusing HHSC benefits, call 1-800-436-6184.



Helpful Tips

- There are tips in the left side of each page. They can help you save time.
- Sign and date pages 1 and 18.
- Send "Items we need." See pages C and D.

These pictures tell you what sections you need to fill out.

For example, if you see this:



It means that only people applying for SNAP food benefits need to fill out that section.

How to file a complaint

If you have a complaint, first try talking to your benefits advisor or their supervisor. If you still need help, call 1-877-787-8999.

Help you can get without filling out this form

Services in your area

Do you need help finding services?

Call 2-1-1 (if you can't connect, call 1-877-541-7905).

After you pick a language, press 1.

Texas Workforce Network

Are you looking for work?

You can get help:

- Applying for a job.
- Finding a job.

Call 2-1-1 to find a Texas Workforce Center.

Family Planning

Do you need help with family planning?

Men and women can get help with:

- Birth control supplies.
- Other health care.

Call 2-1-1 to find a clinic.

Women with low income might be able to get free services in the Women's Health Program.

To learn more, call 1-866-993-9972.

Family Violence Program

Are you afraid for your children's or your safety? You can get help:

- Getting a ride to a safe place.
- Finding shelter, legal help, and a job.
- Getting counseling.

Call the hotline anytime at 1-800-799-7233 (1-800-799-SAFE).

Adult Education and Family Literacy Program

Do you want help learning to read or getting a GED? Do you need help with job skills? Or learning to speak English?

Call 1-800-441-7323 (1-800-441-READ).

Women, Infants and Children program (WIC)

Are you pregnant or a new mother?

You can get help:

- Getting food for you and your children.
- Getting vaccines.

Call 1-800-942-3678.

Alcohol and Drug Abuse Prevention Program

Do you or someone you know want to stop using alcohol or drugs?

You can get help:

- Quitting.
- Dealing with a crisis.
- Keeping others from using drugs or alcohol.

Call 1-877-966-3784 (1-877-9-NO DRUG).

Health Insurance Premium Payment Program (HIPP)

Do you need help paying for your health insurance?

Call 1-800-440-0493.

Or write:

Texas Health and Human Services Commission
TMHP-HIPP
PO Box 201120
Austin, Texas 78720-1120



Items we need from anyone on your case

Look below and on the next page for the items to bring or send with this form. We only need **copies** of these items. Keep the originals for your records.

We only need items that apply to anyone on your case. For example, if no one has a bank account, we do not need bank statements.

If you are applying for

Any Benefit Program

bring or send copies of items that apply to anyone on your case.



- **Identity (proof of who you are)** – Current driver’s license or Department of Public Safety ID card. If a person has the right to act for you (as your authorized representative), that person also needs to give proof of identity.
- **Immigration status** – Resident card (I-551), arrival/departure form (I-94). Or papers from the U.S. Citizenship and Immigration Services. We need copies of the front and back of these forms.
- **Legal representative (a person who has the right to act for you on legal issues)** – Power of attorney papers, guardianship order, court order, or similar court documents.
- **Social Security, Supplemental Security Income (SSI), or pension benefits** – Award letter or pay stubs.
- **Military service** – Current Military ID (Form DD-2), military orders, or separation papers (Form DD-214).
- **Child support anyone pays** – Court papers that show what you must pay for child support. For example: divorce decree, court order, or district clerk record.
- **Child support anyone gets** – District clerk record. Or letter from the parent who pays showing how much, how often and the date it is usually paid. The letter must have the name, address, phone number, and signature of the parent who pays.
- **Veterans benefits, workers’ compensation, or unemployment** – Award letter or pay stubs.
- **Loans and gifts (includes someone paying bills for you)** – Loan agreements or statement from the person giving you money or paying your bills. Must show that person’s name, address, phone number, and signature.

If you are applying for

SNAP food benefits

bring or send copies of items that apply to anyone on your case.



- **Proof of income from your job** – Last 3 pay stubs or paychecks, a statement from your employer, or self-employment records.
- **Bank accounts** – The most current statement for all accounts.
- **Medical costs** – Bills, receipts, or statements from health care providers (doctors, hospitals, drug stores, etc.). These items should show costs you have now and costs you expect in the future.
- **Rent or mortgage costs** – Recent checks, check stubs, or statement from the mortgage bank or landlord. Renters also need to give the landlord’s name, address, and phone number.
- **Dependent care expenses** – Receipts, canceled checks, or a signed statement from the person you pay. A signed statement must show when and how much you pay.

More on the next page



To get SNAP, a person must be a U.S. citizen or legal resident.



More items we need from you

If you are applying for

Cash Help for Families (TANF)

bring or send copies of items that apply to anyone on your case.



- **Proof of income from your job** – Last 3 pay stubs or paychecks, a statement from your employer, or self-employment records.
- **Proof a child is related to you** – Legal birth, hospital, or baptismal certificate.
- **Proof a child lives with you** – A signed statement from your landlord or a non-relative neighbor that includes his or her name, address, and phone number.
- **Citizenship** – U.S. passport, Certificate of Naturalization, U.S. birth certificate (copies of the front and back), hospital record of birth, or Medicare card. If you were born in Texas, we might be able to look up your birth record.
- **Bank accounts** – Most current statement for all accounts.
- **Health insurance** – Copy of the front and back of the insurance card or policy.
- **Child's vaccines** – Vaccine records for each child.

If you are applying for

CHIP or Children's Medicaid

bring or send copies of items that apply to anyone on your case.



- **Proof of income from your job** – One pay stub or paycheck from the last 60 days, a statement from your employer, or self-employment records.
- **Citizenship** – U.S. passport, Certificate of Naturalization, U.S. birth certificate (copies of the front and back), hospital record of birth, or Medicare card. If you were born in Texas, we might be able to look up your birth record.
- **Dependent care expenses** – Receipts, canceled checks, or a signed statement from the person you pay. A signed statement must show when and how much you pay.
- **Medical costs** – Bills or statements from health care providers (doctors, hospitals, drug stores, etc.) from the past 3 months. We only need these items if you haven't already paid for these services.

If you are applying for

Medicaid for Pregnant Women or Medicaid for an Adult Caring for a Child

bring or send copies of items that apply to anyone on your case.

- **Proof of income from your job** – Last 3 pay stubs or paychecks, a statement from your employer, or self-employment records.
- **Bank accounts (we don't need this if you are applying only for Medicaid for Pregnant Women)** – The most current statement for all accounts.
- **Citizenship** – U.S. passport, Certificate of Naturalization, U.S. birth certificate (copies of the front and back), hospital record of birth, or Medicare card. If you were born in Texas, we might be able to look up your birth record.
- **Medical costs** – Bills or statements from health care providers (doctors, hospitals, drug stores, etc.) from the past 3 months. We only need these items if you haven't already paid for these services.
- **Dependent care expenses** – Receipts, canceled checks, or a signed statement from the person you pay. A signed statement must show when and how much you pay.






Your Texas Benefits: Form

Please use dark ink. Please print. If you need more room, add pages.

Fill in the circles (○) like this → ●

Section A Your Facts

Mark the benefits anyone on your case is applying for:

 Food Benefits (SNAP)  Cash Help for Families (TANF)  Health Care (Medicaid or CHIP):

Children
 Adult Caring for a Child
 Pregnant Women

If you're applying to get SNAP food benefits, the first month's amount will be based on the date we get pages 1 and 2.

Other benefits also are based on when we get pages 1 and 2.

If you return only pages 1 and 2 now, you still need to fill out pages 3 to 18 before you can get benefits.

You have the right to file this form immediately if it has your name, address, and signature.

Person 1: contact person or head of household

First name **Middle name** **Last name**

_____|_____|_____|_____|_____|_____|_____|_____|_____| _____/_____/_____

Social Security number **Birth date** (month/day/year)

Mailing address

City **State** **ZIP**

() - () -

Home phone **Cell or daytime phone**

Home address **County**

City **State** **ZIP**

Section B Food Benefits

This section is only for people applying for food benefits. 

You might be able to get SNAP food benefits the next work day based on your answers to these questions. Answer them for everyone living in your home.

1. Is anyone a migrant worker or seasonal farm worker?..... Yes No

2. Is the total amount of money that everyone has today \$100 or less? (include cash and money in the bank) Yes No


3. Do you expect the total amount of money everyone will have this month to be less than \$150?..... Yes No

4. Is the amount of your housing bills more than the amount of money (cash and money in the bank) everyone expects to have this month? (Count bills that are paid only by people living in the home. Bills can include rent, mortgage, water, gas, electric, sewage, and phone.) Yes No

Find out how to return your form: See page 3.

_____ _____

Sign here (or have someone with the right to act for you sign) **Date**



More on page 2



Section C

Pregnant Women

This section is only for people applying for health-care benefits.



Is anyone in your home pregnant?..... Yes No

If yes, who?

Due date

□□ / □□ / □□

Number of babies expected

□

What is the first and last name of the unborn child's father?

First name

Last name

Section D

Military Service

This section is only for people applying for health-care benefits.



Is anyone an active duty member of one of these military forces?

- U.S. Armed Forces
 - National Guard
 - Reserves
 - State Military Forces
- Yes No

If yes, who?

Section E

Interview Help

1. Most people applying for benefits must be interviewed. We often interview people on the phone.

It helps to know if any of the reasons below make it hard for you to get to a benefits office:

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • You live more than 30 miles from the closest benefits office. • You can't get a ride. • The weather is bad. • You are sick. | <ul style="list-style-type: none"> • Your work or training hours don't allow you to get to a benefits office when it's open. • You can't travel because you are age 60 or older, or you have a disability. | <ul style="list-style-type: none"> • You are a victim of family violence. • You take care of someone in your home. |
|--|--|--|

Do any of the reasons above apply to you? Yes No

2. If you come to our office, will you need special help or equipment? Yes No

If yes, what do you need?

3. What language do you want to speak during the interview?

4. Will you need an interpreter? We can get one for you for free..... Yes No
If yes, mark the one you need:

- Spanish Vietnamese American Sign Language Other: _____

Agency Use Only

Expedite? Yes No

Date received: _____

Screened by: _____

Date screened: _____

Case: _____

Social Security number:

□□□□-□□□□



Your Texas Benefits: Form

Fill in the circles (○) like this → ●

Please use dark ink. Please print. If you need more room, add pages.

Section F Contacting You

Person 1: Contact Person or Head of Household

First name			Middle name				Last name		
□	□	□	□	□	□	□	□	□	□
Social Security number						Birth date (month/day/year)			

E-mail									

Are you applying for benefits for yourself? Yes No

If yes, give your facts below:

Section G Person 1

Person 1

If you get money from Social Security or railroad retirement, list the number you have:

_____	_____
Social Security claim number	Railroad retirement number

Married Single Divorced Separated Widowed | Live in Texas? Yes No

Male Female | Hispanic or Latino?..... Yes No

Optional Questions Mark one or more:
 American Indian or Alaska Native Asian
 Black or African-American Native Hawaiian or Pacific Islander White

Are you going to school?..... Yes No | If yes, are you going full-time?..... Yes No

Are you a U.S. citizen? If no, give facts below. Yes No

Are you a refugee or legally admitted immigrant?..... Yes No

_____	_____
If you have a sponsor, write your sponsor's name	Date you entered the U.S. (month/day/year)

Are you registered with the U.S. Citizenship and Immigration Services? Yes No | _____
Immigrant registration number

Mark the benefits Person 1 is applying for:

Food Benefits (SNAP)

Cash Help for Families (TANF):

- TANF
- One-Time TANF
- One-Time TANF Grandparent

Health Care (Medicaid or CHIP) for:

- Children
- Adult Caring for a Child
- Pregnant Women

Return this completed form by fax, mail, or in person:

Fax: 1-877-447-2839

Mail: HHSC, PO Box 14600,
Midland, TX 79711-4600

In person: Call 2-1-1 to find an HHSC benefits office near you.

Use pages 4 and 5 for other people applying for benefits.

If you need more pages, you can:

- Add a blank page and write in your facts.
- OR
- Go to www.hhsc.state.tx.us to get an extra page. Click on "How to Get Help."





Section H

People Applying for Benefits

Mark the benefits Person 2 is applying for:

Food Benefits (SNAP)

Cash Help for Families (TANF):

- TANF
- One-Time TANF
- One-Time TANF Grandparent

Health Care (Medicaid or CHIP) for:

- Children
- Adult Caring for a Child
- Pregnant Women

Person 2: spouse, child, or other adult applying for benefits

First name _____ **Middle name** _____ **Last name** _____

_____ / _____ / _____

Social Security number _____ **Birth date (month/day/year)** _____

_____ If this person gets money from Social Security or railroad retirement, list the number here: **Social Security claim #** _____ **Railroad retirement #** _____

This person's relationship to you

Married Single Divorced Separated Widowed Live in Texas? Yes No

Optional Questions

Male Female Hispanic or Latino?..... Yes No

Mark one or more: American Indian or Alaska Native Asian
 Black or African-American Native Hawaiian or Pacific Islander White

Is this person going to school? Yes No If yes, is this person going full-time? Yes No

Is this person a U.S. citizen? If no, give facts below..... Yes No

Is this person a refugee or legally admitted immigrant? Yes No

_____ Yes No

_____ / _____ / _____

If this person has a sponsor, write the sponsor's name. _____ **Date person entered the U.S. (month/day/year)** _____

Is this person registered with the U.S. Citizenship and Immigration Services?... Yes No

_____ **Immigrant registration number**

Mark the benefits Person 3 is applying for:

Food Benefits (SNAP)

Cash Help for Families (TANF):

- TANF
- One-Time TANF
- One-Time TANF Grandparent

Health Care (Medicaid or CHIP) for:

- Children
- Adult Caring for a Child
- Pregnant Women

Person 3: spouse, child, or other adult applying for benefits

First name _____ **Middle name** _____ **Last name** _____

_____ / _____ / _____

Social Security number _____ **Birth date (month/day/year)** _____

_____ If this person gets money from Social Security or railroad retirement, list the number here: **Social Security claim #** _____ **Railroad retirement #** _____

This person's relationship to you

Married Single Divorced Separated Widowed Live in Texas? Yes No

Optional Questions

Male Female Hispanic or Latino?..... Yes No

Mark one or more: American Indian or Alaska Native Asian
 Black or African-American Native Hawaiian or Pacific Islander White

Is this person going to school? Yes No If yes, is this person going full-time? Yes No

Is this person a U.S. citizen? If no, give facts below..... Yes No

Is this person a refugee or legally admitted immigrant? Yes No

_____ Yes No

_____ / _____ / _____

If this person has a sponsor, write the sponsor's name. _____ **Date person entered the U.S. (month/day/year)** _____

Is this person registered with the U.S. Citizenship and Immigration Services?... Yes No

_____ **Immigrant registration number**



Section H

People Applying for Benefits

Mark the benefits Person 4 is applying for:

Food Benefits (SNAP)

Cash Help for Families (TANF):

- TANF
- One-Time TANF
- One-Time TANF Grandparent

Health Care (Medicaid or CHIP) for:

- Children
- Adult Caring for a Child
- Pregnant Women

Person 4: spouse, child, or other adult applying for benefits

First name _____ **Middle name** _____ **Last name** _____

_____-_____-_____-_____-_____-_____-_____-_____- / ____ / _____

Social Security number _____ **Birth date (month/day/year)** _____

_____ If this person gets money from Social Security or railroad retirement, list the number here: **Social Security claim #** _____ **Railroad retirement #** _____

This person's relationship to you _____ **Live in Texas?** Yes No

Married Single Divorced Separated Widowed

Optional Questions Male Female **Hispanic or Latino?**..... Yes No

Mark one or more: American Indian or Alaska Native Asian

Black or African-American Native Hawaiian or Pacific Islander White

Is this person going to school? Yes No → If yes, is this person going full-time? Yes No

Is this person a U.S. citizen? If no, give facts below..... Yes No

Is this person a refugee or legally admitted immigrant? Yes No

_____ / ____ / _____

If this person has a sponsor, write the sponsor's name. _____ **Date person entered the U.S. (month/day/year)** _____

Is this person registered with the U.S. Citizenship and Immigration Services?... Yes No _____

Immigrant registration number _____

Mark the benefits Person 5 is applying for:

Food Benefits (SNAP)

Cash Help for Families (TANF):

- TANF
- One-Time TANF
- One-Time TANF Grandparent

Health Care (Medicaid or CHIP) for:

- Children
- Adult Caring for a Child
- Pregnant Women

Person 5: spouse, child, or other adult applying for benefits

First name _____ **Middle name** _____ **Last name** _____

_____-_____-_____-_____-_____-_____-_____-_____- / ____ / _____

Social Security number _____ **Birth date (month/day/year)** _____

_____ If this person gets money from Social Security or railroad retirement, list the number here: **Social Security claim #** _____ **Railroad retirement #** _____

This person's relationship to you _____ **Live in Texas?** Yes No

Married Single Divorced Separated Widowed

Optional Questions Male Female **Hispanic or Latino?**..... Yes No

Mark one or more: American Indian or Alaska Native Asian

Black or African-American Native Hawaiian or Pacific Islander White

Is this person going to school? Yes No → If yes, is this person going full-time? Yes No

Is this person a U.S. citizen? If no, give facts below..... Yes No

Is this person a refugee or legally admitted immigrant? Yes No

_____ / ____ / _____

If this person has a sponsor, write the sponsor's name. _____ **Date person entered the U.S. (month/day/year)** _____

Is this person registered with the U.S. Citizenship and Immigration Services?... Yes No _____

Immigrant registration number _____

If more than 5 people are applying for benefits, add more pages with the same facts.



Section I

More Facts About Children Age 18 or Younger

This section is only for children applying for cash help for families or health-care benefits.



Time Saving Tip

You only need to give facts for each father and mother one time.

If a child has the same mother or father as another child, you can write something like "same as 1st child" where the parent's name would go.

Are you afraid that giving facts about the child's other parent might put you or your children in danger?

You might not have to help or cooperate with the Office of Attorney General to collect child or medical support if you are afraid. You can ask not to give these facts by:

- Telling your benefits advisor (or designated representative) reasons why this might put you or your children in danger.
- Signing the Good Cause request form. (Your benefits advisor has this form.)

1st child's name:

FATHER	Father's first and last name	Father's birth date	
	Father's Social Security number	Father's phone	
MOTHER	Father's mailing address	City	State ZIP
	Father is: <input type="radio"/> In home <input type="radio"/> Out of home <input type="radio"/> Deceased	Employer	
	Mother's first and last name	Mother's maiden name	
	Mother's Social Security number	Mother's birth date	
MOTHER	Mother's mailing address	City	State ZIP
	Mother's phone	Employer	
	Mother is: <input type="radio"/> In home <input type="radio"/> Out of home <input type="radio"/> Deceased		
	Were these parents ever married to each other? <input type="radio"/> Yes <input type="radio"/> No		

2nd child's name:

FATHER	Father's first and last name	Father's birth date	
	Father's Social Security number	Father's phone	
MOTHER	Father's mailing address	City	State ZIP
	Father is: <input type="radio"/> In home <input type="radio"/> Out of home <input type="radio"/> Deceased	Employer	
	Mother's first and last name	Mother's maiden name	
	Mother's Social Security number	Mother's birth date	
MOTHER	Mother's mailing address	City	State ZIP
	Mother's phone	Employer	
	Mother is: <input type="radio"/> In home <input type="radio"/> Out of home <input type="radio"/> Deceased		
	Were these parents ever married to each other? <input type="radio"/> Yes <input type="radio"/> No		



Section I

**More Facts
About Children
Age 18 or
Younger
(continued)**

3rd child's name:

FATHER	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Father's first and last name	Father's birth date
	<input type="text"/>	<input type="text"/> - <input type="text"/>
	Father's Social Security number	Father's phone
	<input type="text"/>	
	Father's mailing address	City State ZIP
	Father is: <input type="radio"/> In home <input type="radio"/> Out of home <input type="radio"/> Deceased	Employer <input type="text"/>

MOTHER	<input type="text"/>	<input type="text"/>
	Mother's first and last name	Mother's maiden name
	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Mother's Social Security number	Mother's birth date
	<input type="text"/>	
	Mother's mailing address	City State ZIP
	Mother's phone <input type="text"/> - <input type="text"/>	Employer <input type="text"/>
	Mother is: <input type="radio"/> In home <input type="radio"/> Out of home <input type="radio"/> Deceased	

Were these parents ever married to each other? Yes No

4th child's name:

FATHER	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Father's first and last name	Father's birth date
	<input type="text"/>	<input type="text"/> - <input type="text"/>
	Father's Social Security number	Father's phone
	<input type="text"/>	
	Father's mailing address	City State ZIP
	Father is: <input type="radio"/> In home <input type="radio"/> Out of home <input type="radio"/> Deceased	Employer <input type="text"/>

MOTHER	<input type="text"/>	<input type="text"/>
	Mother's first and last name	Mother's maiden name
	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Mother's Social Security number	Mother's birth date
	<input type="text"/>	
	Mother's mailing address	City State ZIP
	Mother's phone <input type="text"/> - <input type="text"/>	Employer <input type="text"/>
	Mother is: <input type="radio"/> In home <input type="radio"/> Out of home <input type="radio"/> Deceased	

Were these parents ever married to each other? Yes No

If you have more than 4 children who are age 18 or younger, add more pages with the same facts.



Section J

Other people in the home

Other People in the Home

These people live in my home, but they don't want to apply for benefits.
List the birth date only if the person is your relative.

<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name	Relationship to you	Birth date (if relative)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name	Relationship to you	Birth date (if relative)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Name	Relationship to you	Birth date (if relative)

Section K

Information about people applying for benefits

Help Us Serve You Better

This section is only for people applying for health-care benefits.



These questions will not be used to decide if your family can get benefits.

- Does a child applying for health care travel with a family member who is a migrant farm worker?..... Yes No
- Is a child in the Children with Special Health Care Needs program? Yes No

If yes, who?
- Is anyone an American Indian or Native Alaskan?..... Yes No

If yes, who? What tribe?
- Is anyone an unaccompanied refugee minor?
 This means a person is: (1) not living with a relative, (2) age 18 or younger, and (3) a refugee. Yes No

If yes, who?

Section L

Other facts

Other Facts

- Does anyone have a disability?..... Yes No

If yes, who?
- Is anyone getting cash help, food or health-care benefits from another state?..... Yes No

If yes, who? Which state? When did that person last get benefits?

Social Security number:



Section L

Other Facts

(continued)

Answer 3, 4, 5, and 6 only if anyone is applying for cash help or food benefits.



3. Has anyone: (1) been charged with or convicted of a felony and is fleeing the police, or (2) broken a rule of their probation or parole? Yes No

If yes, who?

4. Has anyone been convicted of a felony for conduct that: (1) took place after August 22, 1996, and (2) involved illegal drugs? Yes No

If yes, who?

5. Is anyone living in a place of care such as:
• A homeless shelter. • A drug treatment center.
• A shelter for battered women. • A group home. Yes No

If yes, who?

6. When people break program rules, they are sometimes “disqualified” from getting benefits. People who are disqualified are sent a letter and told they can’t get cash help (TANF) or food benefits (SNAP).

Is anyone living with you disqualified from getting cash help or food benefits anywhere in the United States? Yes No

Section M

Medical Facts

This section is only for people applying for cash help or health-care benefits.



Other health insurance

Does anyone have health insurance other than Medicare, Medicaid, or CHIP? ... Yes No
If yes, give facts below.

Name of insured person (first, middle, last)

Insurance company

____/____/____

Policy number

Coverage start date

Coverage end date

\$ _____

Type of coverage

How much is the premium?

Who pays the premium?

Name of insured person (first, middle, last)

Insurance company

____/____/____

Policy number

Coverage start date

Coverage end date

\$ _____

Type of coverage

How much is the premium?

Who pays the premium?

Social Security number:

____-____-____



Section M

Medical Facts (continued)

This section is only for people applying for cash help or health-care benefits.



Medical bills from the past 3 months

If anyone on your case can't pay their medical bills, Medicaid might pay them.

- The bills must be for services they got in the past 3 months.
- You need to show proof of money you get (income) for the months they got services.

Does anyone applying for benefits have medical bills for services they got in the past 3 months? Yes No

If yes, who? (first, middle, last)

If yes, who? (first, middle, last)

Section N

Things Anyone is Paying for or Owns

Skip this section if you are applying only for Medicaid for Pregnant Women.

If you need more room, add more pages with the same facts.

Vehicles

Does anyone own or is anyone paying for a:

- car • truck • boat • motorcycle • other Yes No

If yes, give facts below.

VEHICLE 1

Name of owner (first, middle, last)

Make / Model

Year

Name of co-owner if also owned by someone outside the home

Vehicle is used for a person with a disability.

Money still owed on vehicle

VEHICLE 2

Name of owner (first, middle, last)

Make / Model

Year

Name of co-owner if also owned by someone outside the home

Vehicle is used for a person with a disability.

Money still owed on vehicle

VEHICLE 3

Name of owner (first, middle, last)

Make / Model

Year

Name of co-owner if also owned by someone outside the home

Vehicle is used for a person with a disability.

Money still owed on vehicle

Social Security number:



Section N

Things Anyone is Paying for or Owns (continued)

Skip this section if you are applying only for Medicaid for Pregnant Women.

If you need more room, add more pages.

Things anyone is paying for or owns

We need to know about items anyone owns or is paying for, such as:

- cash
- bank accounts
- homes and other property
- insurance policies
- stocks

Does anyone own or is anyone paying for these types of items? Yes No

If yes, give facts below.

ITEM 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Item	Account number	Value
	Names on account or deeds (include co-owners)		
	Name and address of bank or business (to contact about the item)		
ITEM 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Item	Account number	Value
	Names on account or deeds (include co-owners)		
	Name and address of bank or business (to contact about the item)		
ITEM 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Item	Account number	Value
	Names on account or deeds (include co-owners)		
	Name and address of bank or business (to contact about the item)		

Section O

Money Coming into the Home

Money anyone might get from other programs

Is anyone waiting for an answer on an application for one of the programs listed below? Yes No

If yes, mark the program anyone is waiting to hear from.

- Social Security (RSDI)
- Supplemental Security Income (SSI)
- Other disability
- Unemployment compensation benefits

<input type="text"/>	<input type="text"/>
Name of person waiting for an answer	Program name
<input type="text"/>	<input type="text"/>
Name of person waiting for an answer	Program name

Social Security number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section 0

Money Coming into the Home (continued)

Money from jobs

Did anyone get money in the past 3 months from: (a) working for someone else (b) training, or (c) working for themselves?..... Yes No
If yes, give facts below.

JOB 1

Name of person who got money from a job Hours worked Amount paid before taxes and deductions are taken out

Start date Last payment date (month/year)

How often are you paid?
 daily twice a month
 once a week once a month
 every 2 weeks other:_____

Is this person currently working at this job?..... Yes No

Was this person working for themselves? Yes No

If no, list the person or place that paid the money.

JOB 2

Name of person who got money from a job Hours worked Amount paid before taxes and deductions are taken out

Start date Last payment date (month/year)

How often are you paid?
 daily twice a month
 once a week once a month
 every 2 weeks other:_____

Is this person currently working at this job?..... Yes No

Was this person working for themselves? Yes No

If no, list the person or place that paid the money.

JOB 3

Name of person who got money from a job Hours worked Amount paid before taxes and deductions are taken out

Start date Last payment date (month/year)

How often are you paid?
 daily twice a month
 once a week once a month
 every 2 weeks other:_____

Is this person currently working at this job?..... Yes No

Was this person working for themselves? Yes No

If no, list the person or place that paid the money.

Social Security number:

Grid for Social Security number input



Section 0

Money Coming into the Home (continued)

Other money

Does anyone get, or expect to get, any of the types of money listed below? Yes No
If yes mark other types of money anyone gets or might get soon.

- Supplemental Security Income (SSI), Social Security, Retirement benefits, Veterans benefits, Child support anyone gets, Cash or gifts, Payments after being hurt at work, Payments after losing a job, Alimony, Interest or dividends, Loans paid to anyone on your case, Payments from private insurance, Payments to help with utilities, Rent paid to you, Other

If anyone gets, or expects to get, any of these types of money, give the facts below.

MONEY TYPE 1

Form for Money Type 1 with fields for Type of money, Amount you get paid, Last payment date, Name of person getting this money, Person, company, or agency paying the money, and How often are you paid?

MONEY TYPE 2

Form for Money Type 2 with fields for Type of money, Amount you get paid, Last payment date, Name of person getting this money, Person, company, or agency paying the money, and How often are you paid?

MONEY TYPE 3

Form for Money Type 3 with fields for Type of money, Amount you get paid, Last payment date, Name of person getting this money, Person, company, or agency paying the money, and How often are you paid?

MONEY TYPE 4

Form for Money Type 4 with fields for Type of money, Amount you get paid, Last payment date, Name of person getting this money, Person, company, or agency paying the money, and How often are you paid?

Social Security number:

Grid for Social Security number input



Section P

Housing Costs

This section is only for people applying for food benefits.



Skip this section if you are applying only for Medicaid for Pregnant Women.

Housing costs

1. Does anyone pay any of the costs listed below for the home they are living in? Or for a home they plan to return to? Yes No

If yes, mark the costs they have and list the amount:	<input type="radio"/> Rent or home payment \$ _____	<input type="radio"/> Natural gas/propane \$ _____
	<input type="radio"/> Tax on home \$ _____	<input type="radio"/> Phone \$ _____
	<input type="radio"/> Water and sewer \$ _____	<input type="radio"/> Home insurance \$ _____
	<input type="radio"/> Electricity \$ _____	<input type="radio"/> Other \$ _____

2. Does another person not living in the home help anyone on your case pay for housing costs? Yes No

Section Q

Costs to Take Care of Others

Costs to take care of others

Does anyone have costs to take care of others? Yes No

If yes, give facts below. ↓

Examples:

- Child care costs so someone can work, look for work, go to training, or go to school.
- Child support payments, medical bills, and health insurance you pay for a child living outside the home.
- Alimony payments.
- Costs for people with disabilities or adults who need help caring for themselves.

COST 1	<input type="text"/>	<input type="text"/>		How often paid? <input type="radio"/> daily <input type="radio"/> once a week <input type="radio"/> every 2 weeks <input type="radio"/> twice a month <input type="radio"/> once a month <input type="radio"/> other: _____
	Type of cost	First name of person who gets care or support		
	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
	Who pays the cost?	Amount paid	Date last paid	
<input type="text"/>				← For court ordered child support list child who gets support (provide copy of court order)
Person or company that gets the money (name, address, and phone number)				
COST 2	<input type="text"/>	<input type="text"/>		How often paid? <input type="radio"/> daily <input type="radio"/> once a week <input type="radio"/> every 2 weeks <input type="radio"/> twice a month <input type="radio"/> once a month <input type="radio"/> other: _____
	Type of cost	First name of person who gets care or support		
	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
	Who pays the cost?	Amount paid	Date last paid	
<input type="text"/>				← For court ordered child support list child who gets support (provide copy of court order)
Person or company that gets the money (name, address, and phone number)				
COST 3	<input type="text"/>	<input type="text"/>		How often paid? <input type="radio"/> daily <input type="radio"/> once a week <input type="radio"/> every 2 weeks <input type="radio"/> twice a month <input type="radio"/> once a month <input type="radio"/> other: _____
	Type of cost	First name of person who gets care or support		
	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
	Who pays the cost?	Amount paid	Date last paid	
<input type="text"/>				← For court ordered child support list child who gets support (provide copy of court order)
Person or company that gets the money (name, address, and phone number)				

Social Security number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section R

Medical costs

Medical Costs

This section is only for people applying for food or health-care benefits.



Does anyone age 60 or older, or anyone with a disability, pay medical costs? Yes No

If yes, mark the type of costs they pay:
 Doctor Hospital Medicine Health insurance

Section S

People helping you

People Helping You

Did someone help you fill out this form?..... Yes No

If yes, tell us about that person:

Name

Relationship or organization

() -

Phone

Address

Section T

Signing up to vote

Signing Up to Vote (optional)

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today? Yes No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Elections Division, Secretary of State, PO Box 12060, Austin, TX 78711. Phone: 1-800-252-8683

Agency Use Only: Voter Registration Status

- Already registered
- Client declined
- Agency transmitted
- Client to mail
- Mailed to client
- Other

Agency staff signature

Social Security number:

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Section U

A Person Who Can Act for You



Don't forget to sign page 18.

Person who has the right to act for you

If you want, you can give someone the right to act for you (an authorized representative). That person can:

- Give and get facts for this application.
- Take any action needed for the application process. This includes appealing an HHSC decision.
- Take any action needed for you to get benefits. This includes reporting changes.

Do you want to give someone the right to act for you — to be your authorized representative? Yes No

If yes, tell us about that person (the authorized representative):

Name of person who you want to have the right to act for you.

Address

Phone

Section V

Legal Information

Legal information

Your Right to be Treated Fairly

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food and Nutrition Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). Write HHS, Office for Civil Rights, 1301 Young Street #1169, Dallas, TX 75202-5433. Or call 1-214-767-4056 or 1-214-767-8940 (TTY). USDA and HHS are equal opportunity providers and employers.

You also can contact the Texas HHSC Civil Rights Office. Write to: HHSC Office of Civil Rights, 701 W. 51st St., MC W206, Austin, Texas 78751. Or call toll-free 1-888-388-6332 or 1-877-432-7232 (TTY).

Citizenship and Immigration Status

You can get benefits for your children who are U.S. citizens or legal immigrants even if you are not a U.S. citizen or a legal immigrant. You do not have to give your citizenship or immigration status to get benefits for your children. You only have to give the citizenship or immigration status of people who want benefits. If you are not a U.S. citizen or a legal

immigrant, the only benefits you might be able to get are emergency Medicaid services. Getting long-term care (Medicaid for the Elderly and People with Disabilities) or cash help (TANF) could affect your immigration status and your chances of getting a Permanent Resident Card (green card). Getting other benefits will not affect your immigration status and your chances of getting a Permanent Resident Card. You might want to talk to an agency that helps immigrants with legal questions before you apply. If you are a refugee or have been given asylum, getting benefits will not affect your chances of getting a Permanent Resident Card or becoming a citizen.

Social Security Numbers

You only need to give the Social Security numbers (SSNs) for people who want benefits. Giving or applying for an SSN is voluntary; however, anyone who doesn't apply for an SSN or doesn't give an SSN can't get benefits. If you don't have an SSN, we can help you apply for one if you are a U.S. citizen or a legal immigrant. You must be a U.S. citizen or a legal immigrant to get an SSN. You can get benefits for your children if they have an SSN and you don't. We will not give SSNs to the Bureau of Immigration and Customs Enforcement. We will use SSNs to check the amount of money you get (income), if you can get benefits, and the amount of benefits you can get. (7 C.F.R. 273.6 for food benefits; 45 C.F.R. 205.52 for TANF; and 42 C.F.R. 435.910 for health care.)

Social Security number:



Section W

Statement of Understanding

Read Section W before signing page 18.



All Benefit Programs

Facts HHSC Has About Me

HHSC uses facts about people applying for benefits to decide: (1) who can get benefits, and (2) the amount of benefits. HHSC checks facts with the federal Income and Eligibility Verification System. If any facts don't match, HHSC will check other sources (banks, employers, etc.). If anyone applying for benefits has an immigration registration number, HHSC must check with the U.S. Citizenship and Immigration Services' (USCIS) system. HHSC will not give anyone's facts to USCIS.

In most cases, I can see and get facts HHSC has about me. This includes facts I give HHSC and facts HHSC gets from other sources (medical records, employment records, etc.). I might have to pay to get a copy of these facts. I can ask HHSC to fix anything that is wrong. I do not have to pay to fix a mistake. To ask for a copy or to fix a mistake, I can call 2-1-1 or my local HHSC benefits office.

Keeping My Facts Private

HHSC will keep my facts private if they were collected:

- By HHSC staff or contracted provider staff.
- To find out if I can get state benefits.

HHSC can share facts about me:

- When needed for me to get state health-care benefits.
- With phone and utility companies. They will find out if my bill amount can be lowered. HHSC will give them my name, address, and phone number.

Cash Help for Families (TANF) Child Support or Alimony

I agree to:

- Let the state keep any child support or alimony money owed to anyone during the time they get TANF.
- Let the state keep this money after TANF benefits end, if the TANF amount anyone got still needs to be paid off.
- Tell HHSC about money anyone gets.
- Work with HHSC to get this money; if I don't, I am breaking the law.

The state will keep only the amount allowed by law.

If I Give False Information

If I choose not to tell the truth, I might:

- Be charged with and punished for a crime. (This could include going to prison for up to 10 years or community supervision.)
- Have to repay benefits.
- Never get TANF again.



Food Benefits (SNAP)

Telling the Truth

Anyone who applies for or gets SNAP must:

- Tell the truth.
- Never trade or sell SNAP benefits, Lone Star Cards, or other devices that allow people to get SNAP.
- Never use or have Lone Star Cards or other devices if they don't belong to them.

Anyone who chooses not to tell the truth might:

- Not get SNAP for a year or more.
- Be fined up to \$250,000, jailed up to 20 years, or both.
- Lose income tax refunds.
- Be charged with other crimes.
- Have to repay benefits.
- Never get SNAP again.

The same is true if anyone lets someone else use their Lone Star Card.

Facts Anyone Tells or Gives HHSC

HHSC uses the facts anyone tells or gives HHSC, including Social Security numbers to:

- Check if that person can get benefits.
- Check that person's facts with computer matching programs and credit reporting agencies.
- Make sure that person is following benefit program rules.
- Help other agencies check if that person can get other benefits.
- Recover benefits that person wasn't supposed to get.
- Share facts about that person: (1) with other state and federal agencies (for example, the Texas Workforce Commission, the Social Security Administration, and the Internal Revenue Service); (2) with law enforcement officials so they can find people on that person's benefits case (the household) who are wanted for fleeing the law; and (3) with federal, state, and private claims collecting agencies for food benefit overpayment claims collection action.

(Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036.)

More on next page



Social Security number:

			-						
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Section W

Statement of Understanding



Medicaid

If I Give False Information

If I choose not to tell the truth, I might:

- Be charged with a crime.
- Have to repay benefits.

The same is true if I let someone else use my medical card or Medicaid ID.

Giving Out Facts About Me

I agree to let Medicaid health care providers (doctors, drug stores, hospitals, etc.) give out any facts about me to HHSC. This will allow the providers to be paid by Medicaid.

Medical and Child Support Payments

Depending on my benefits case, the Attorney General (the state) might check that I am getting the right amount of child or medical support payments and coverage.

- If only my child gets Medicaid, I can decide if I want the state to help get any payments and coverage we should get, but don't get right now.

- If my child and I both get Medicaid, I must:
 - Help the state get any payments and coverage we should get, but don't right now. If I don't help the state, my child can get Medicaid, but I might not.
 - Identify who the child's other parent is.
 - Allow the state to keep any medical support payments.

If I get Medicaid, HHSC will keep medical service payments I can get from other sources, such as:

- My health insurance.
- Money I got because of injuries.
- Money collected for me or my children by the Office of Attorney General.

I must tell HHSC about these sources. If I don't, I am breaking the law.

HHSC will only keep the amount of medical support and service payments allowed by law. I will work with HHSC to get these funds.

Did you...

1. Sign and date page 1 (if you have not already sent it in).
2. Include the "items we need" listed in the cover section.
3. Sign and date this page.



By signing below, I agree:

- To let HHSC and other state, federal, and local agencies check, share, and get facts about anyone on my benefits case (the household).
- To let other people, businesses, and organizations share facts they have about anyone on my benefits case (the household) with HHSC.
- The facts to be checked and shared include anything that helps decide: (1) who can get benefits, and (2) the amount of benefits.

My Answers Are True

I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution.

Sign Here to Show You Agree:

Sign here if you are applying for benefits. Or if you are the authorized representative.

Date

Sign here if you are a witness (only needed if the person above signed with an "X" or other mark).

Date

Printed name of witness

Sign here if you are a parent, guardian, or you have power of attorney. You must give proof of this right.

Phone

Date

Social Security number: