



# 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

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 send only pages 1 and 2 now, you will still need to fill out the rest of the application to get benefits.

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

Mark the benefits anyone on your case is applying for:



☒ SNAP Food Benefits



☐ TANF Cash Help for Families



Health-care benefits:

- ☐ Children ☐ Adult caring for a Child  
☒ Adult not caring for a Child  
☐ Pregnant Woman

### Person 1: contact person or head of household

Mark

Lemire

First name

Middle name

Last name

4 4 9 - 4 5 - 9 9 3 9

Social Security number

0 3 / 0 5 / 1 9 6 5

Birth date (month/day/year)

1002 13th Ave N

Mailing address

Texas City

Texas

77590

City

State

ZIP

(409) 497-6211

(409) 497-6211

Home phone

Cell or daytime phone

1002 13th Ave N

Galveston

Home address

County

Texas City

Texas

77590

City

State

ZIP

## Section B

### SNAP Food Benefits

This section is only for people applying for SNAP food benefits.



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

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 cash, checking, or savings that everyone has today \$100 or less? ..... ☒ Yes ☐ No
3. Do you expect the total amount of money everyone will get this month to be less than \$150? (Include all money you get, such as from jobs, child support, social security, and unemployment.) ..... ☒ Yes ☐ No
4. Is the amount of your housing bills more than the amount of money everyone expects to get this month? ("Amount of money" = the total of all money you get, such as from jobs, child support, social security, and unemployment.) ..... ☒ Yes ☐ No

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

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

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

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



Transportation

If yes, what do you need?

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

- 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:

4 4 9 - 4 5 - 9 9 3 9



# 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

Mark \_\_\_\_\_ Lemire \_\_\_\_\_  
First name Middle name Last name

4 4 9 - 4 5 - 9 9 3 9  
Social Security number

0 3 / 0 5 / 1 9 6 5  
Birth date (month/day/year)

\_\_\_\_\_  
E-mail

Are you applying for benefits for yourself or a child? ..... ☒ Yes ☐ No

If yes, give your facts below:

## Section G

### Person 1

Mark the benefits  
Person 1 is applying for:

☒ **SNAP Food Benefits**

**TANF Cash Help  
for Families:**

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

**Health-care benefits for:**

- ☐ Children  
☐ Adult Caring for a Child  
☒ Adult not caring for a Child  
☐ Pregnant Woman

### 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

Plan to stay 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

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

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

**Fax:** 1-877-447-2839

**Mail:** HHSC, PO Box 149024  
Austin, TX 78714-9968

**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](http://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 is applying for:

☐ SNAP Food Benefits

TANF Cash Help

for Families:

☐ TANF

☐ One-Time TANF

☐ One-Time TANF Grandparent

Health-care benefits for:

☐ Children

☐ Adult Caring for a Child

☐ Adult not caring for a Child

☐ Pregnant Woman

**Person 2:** adult or child applying, spouse of person applying, or parent living with a child who is applying

First name

Middle name

Last name

Social Security number

Birth date (month/day/year)

This person's relationship to you

If this person gets money from Social Security or railroad retirement, list the number here:

Social Security claim #

Railroad retirement #

☐ Married

☐ Single

☐ Divorced

Live in Texas? ☐ Yes ☐ No

☐ Separated

☐ Widowed

Plan to stay 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

If this person has a sponsor, write the sponsor's name

Date you entered the U.S. (month/day/year)

Is this person registered with the U.S.

Citizenship and Immigration Services? ... ☐ Yes ☐ No

Immigrant registration number

**Person 3:** adult or child applying, spouse of person applying, or parent living with a child who is applying

First name

Middle name

Last name

Social Security number

Birth date (month/day/year)

This person's relationship to you

If this person gets money from Social Security or railroad retirement, list the number here:

Social Security claim #

Railroad retirement #

☐ Married

☐ Single

☐ Divorced

Live in Texas? ☐ Yes ☐ No

☐ Separated

☐ Widowed

Plan to stay 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

If this person has a sponsor, write the sponsor's name

Date you 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 is applying for:

☐ SNAP Food Benefits

TANF Cash Help

for Families:

☐ TANF

☐ One-Time TANF

☐ One-Time TANF Grandparent

Health-care benefits for:

☐ Children

☐ Adult Caring for a Child

☐ Adult not caring for a Child

☐ Pregnant Woman

**Person 4:** adult or child applying, spouse of person applying, or parent living with a child who is applying

First name

Middle name

Last name

-   -

Social Security number

/   /

Birth date (month/day/year)

This person's relationship to you

If this person gets money from Social Security or railroad retirement, list the number here:

Social Security claim #

Railroad retirement #

☐ Married

☐ Single

☐ Divorced

Live in Texas?

☐ Yes ☐ No

☐ Separated

☐ Widowed

Plan to stay 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

/  /

If this person has a sponsor, write the sponsor's name

Date you entered the U.S. (month/day/year)

Is this person registered with the U.S.

Citizenship and Immigration Services? ... ☐ Yes ☐ No

Immigrant registration number

**Person 5:** adult or child applying, spouse of person applying, or parent living with a child who is applying

First name

Middle name

Last name

-   -

Social Security number

/   /

Birth date (month/day/year)

This person's relationship to you

If this person gets money from Social Security or railroad retirement, list the number here:

Social Security claim #

Railroad retirement #

☐ Married

☐ Single

☐ Divorced

Live in Texas?

☐ Yes ☐ No

☐ Separated

☐ Widowed

Plan to stay 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

/  /

If this person has a sponsor, write the sponsor's name

Date you 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 I

### More Facts About Children Age 18 or Younger

This section is  
only for children  
applying for TANF  
cash help for  
families.



### 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

Father's mailing address

City

State

ZIP

Father is: ☐ In home ☐ Out of home ☐ Deceased

Employer

MOTHER

Mother's first and last name

Mother's maiden name

Mother's Social Security number

Mother's birth date

Mother's mailing address

City

State

ZIP

Mother's phone

Employer

Mother is: ☐ In home ☐ Out of home ☐ Deceased

Were these parents ever married to each other? ..... ☐ Yes ☐ No

## 2nd child's name:

FATHER

Father's first and last name

Father's birth date

Father's Social Security number

Father's phone

Father's mailing address

City

State

ZIP

Father is: ☐ In home ☐ Out of home ☐ Deceased

Employer

MOTHER

Mother's first and last name

Mother's maiden name

Mother's Social Security number

Mother's birth date

Mother's mailing address

City

State

ZIP

Mother's phone

Employer

Mother is: ☐ In home ☐ Out of home ☐ Deceased

Were these parents ever married to each other? ..... ☐ Yes ☐ No



## Section I

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

**Are you afraid that giving us facts about someone could cause harm (physical or emotional) to you or your child?**

If yes, you might not have to give us facts about that person. You might be able to get the "Family Violence Exemption."

#### 3rd child's name:

FATHER	<input type="text"/> Father's first and last name		<input type="text"/> / <input type="text"/> / <input type="text"/> Father's birth date	
	<input type="text"/> - <input type="text"/> - <input type="text"/> Father's Social Security number		<input type="text"/> 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"/> Mother's first and last name		<input type="text"/> Mother's maiden name	
	<input type="text"/> - <input type="text"/> - <input type="text"/> Mother's Social Security number		<input type="text"/> / <input type="text"/> / <input type="text"/> Mother's birth date	
	<input type="text"/> Mother's mailing address			
	City		State	ZIP
Mother's phone <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? ..... <input type="radio"/> Yes <input type="radio"/> No				

#### 4th child's name:

FATHER	<input type="text"/> Father's first and last name		<input type="text"/> / <input type="text"/> / <input type="text"/> Father's birth date	
	<input type="text"/> - <input type="text"/> - <input type="text"/> Father's Social Security number		<input type="text"/> 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"/> Mother's first and last name		<input type="text"/> Mother's maiden name	
	<input type="text"/> - <input type="text"/> - <input type="text"/> Mother's Social Security number		<input type="text"/> / <input type="text"/> / <input type="text"/> Mother's birth date	
	<input type="text"/> Mother's mailing address			
	City		State	ZIP
Mother's phone <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? ..... <input type="radio"/> Yes <input type="radio"/> No				





## 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.

(Parents living with a child age 18 or younger who is applying or a spouse of a person applying should not be listed here—they should fill out a box in Section H.)

List the birth date only if the person is your relative.

<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"/>
Name	Relationship to you	Birth date (if relative)

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

## Section K

### 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.

#### Information about people applying for benefits

1. Does a child applying for health care travel with a family member who is a migrant farm worker? ..... ☐ Yes ☒ No

2. Is a child in the Children with Special Health Care Needs program? ..... ☐ Yes ☒ No



If yes, who?

3. Is anyone an American Indian or Native Alaskan? ..... ☐ Yes ☐ No



If yes, who?

What tribe?

## Section L

### Other Facts

#### Other Facts

1. Does anyone have a disability? ..... ☐ Yes ☒ No



If yes, who?

2. Is anyone getting TANF cash help for families, SNAP food benefits or health-care benefits from another state? ..... ☐ Yes ☐ No



If yes, who?

Which state?

When did that person last get benefits?

Social security number:

4	4	9	-	4	5	-	9	9	3	9
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## Section L

### Other Facts (continued)

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



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



If yes, who?

4. Has anyone been convicted of a felony 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 family violence shelter
- 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 TANF cash help for families or SNAP food benefits.

Is anyone living with you disqualified from getting TANF cash help for families or SNAP food benefits anywhere in the United States? ..... ☐ Yes ☒ No

## Section M

### Medical Facts

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



#### Other health insurance

Does anyone have health insurance other than Medicare, Medicaid, or CHIP? ... ☐ Yes ☒ No



Name of insured person (first, middle, last)

Insurance company

Policy number

Coverage start date

Coverage end date

Type of coverage



How much is your premium?

Who pays the premium?

Reason coverage ended



Amount you pay each month to cover your children on this insurance

Social security number:

4 4 9 - 4 5 - 9 9 3 9



<input type="text"/>		<input type="text"/>	
Name of insured person (first, middle, last)		Insurance company	
<input type="text"/>		<input type="text"/>	<input type="text"/>
Policy number		Coverage start date	Coverage end date
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Type of coverage	How much is your premium?	Who pays the premium?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Reason coverage ended		Amount you pay each month to cover your children on this insurance.	

Social security number:

4	4	9	-	4	5	-	9	9	3	9
---	---	---	---	---	---	---	---	---	---	---



## Section M

### Medical Facts (continued)

This section is only for people applying for TANF cash help for families 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 month(s) they got services.

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



Mark Lemire

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

## Section N

### Things Anyone is Paying for or Owns

Skip this section if you are applying only for health-care benefits.

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:

4 4 9 - 4 5 - 9 9 3 9



## Section N

### Things Anyone is Paying for or Owns (continued)

Skip this section  
if you are applying  
only for health-care  
benefits.

#### 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	Item	Account number	\$ Value
	Names on account or deeds (include co-owners)		
	Name and address of bank or business (to contact about item)		
Item 2	Item	Account number	\$ Value
	Names on account or deeds (include co-owners)		
	Name and address of bank or business (to contact about item)		
Item 3	Item	Account number	\$ Value
	Names on account or deeds (include co-owners)		
	Name and address of bank or business (to contact about 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

Name of person waiting for an answer	Program Name
--------------------------------------	--------------

Social security number:

4	4	9	-	4	5	-	9	9	3	9
---	---	---	---	---	---	---	---	---	---	---



## Section 0

# Money Coming into the Home (continued)

## Money from jobs or training

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? <input type="radio"/> twice a month <input type="radio"/> daily <input type="radio"/> once a month <input type="radio"/> once a week <input type="radio"/> other: _____ <input type="radio"/> every 2 weeks	
Is this person still working at this job or in training?..... <input type="radio"/> Yes <input type="radio"/> No			
Was this person working for themselves? ..... <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> twice a month <input type="radio"/> daily <input type="radio"/> once a month <input type="radio"/> once a week <input type="radio"/> other: _____ <input type="radio"/> every 2 weeks	
Is this person still working at this job or in training?..... <input type="radio"/> Yes <input type="radio"/> No			
Was this person working for themselves? ..... <input type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> twice a month <input type="radio"/> daily <input type="radio"/> once a month <input type="radio"/> once a week <input type="radio"/> other: _____ <input type="radio"/> every 2 weeks	
Is this person still working at this job or in training?..... <input type="radio"/> Yes <input type="radio"/> No			
Was this person working for themselves? ..... <input type="radio"/> Yes <input type="radio"/> No			
If no, list the person or place that paid the money.			

Social security number:

4 4 9 - 4 5 - 9 9 3 9

Application for benefits  
Texas Health and Human Services Commission

H1010  
04/2017  
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## 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. ↓

- |   |  |  |
|---|--|--|
| <input type="radio"/> Supplemental Security Income (SSI). | <input type="radio"/> Cash or gifts.   | <input type="radio"/> Loans paid to anyone on your case. |
| <input type="radio"/> Social Security.                    | <input type="radio"/> Payments after being hurt at work (worker's compensation). | <input type="radio"/> Payments from private insurance    |
| <input type="radio"/> Retirement benefits.                | <input type="radio"/> Payments after losing a job (unemployment compensation).   | <input type="radio"/> Payments to help with utilities    |
| <input type="radio"/> Veterans benefits.                  | <input type="radio"/> Alimony/Spousal Support                                    | <input type="radio"/> Rent paid to you.                  |
| <input type="radio"/> Child support anyone gets.          | <input type="radio"/> Interest or dividends.                                     | <input checked="" type="radio"/> Other OT _____          |

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

MONEY TYPE 1	Other	\$ 0.00	
	Type of money (item you marked above)	Amount you get paid	Last payment date (month/year)
	Mark Lemire		How often are you paid?
	Name of person getting this money (if child support, list child's name)		<input type="radio"/> daily
	Mary Lemire		<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: _____
MONEY TYPE 2		\$	
	Type of money (item you marked above)	Amount you get paid	Last payment date (month/year)
			How often are you paid?
	Name of person getting this money (if child support, list child's name)		<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: _____
MONEY TYPE 3		\$	
	Type of money (item you marked above)	Amount you get paid	Last payment date (month/year)
			How often are you paid?
	Name of person getting this money (if child support, list child's name)		<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: _____

Social security number:

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## Section P

### Housing Costs

This section is only for people applying for SNAP food benefits.



#### 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 \$	0.00	<input type="radio"/> Natural gas/propane \$	0.00
<input type="radio"/> Tax on home \$	0.00	<input type="radio"/> Phone \$	0.00
<input type="radio"/> Water and sewer \$	0.00	<input type="radio"/> Home insurance \$	0.00
<input type="radio"/> Electricity \$	0.00	<input type="radio"/> Other \$	0.00

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

Type of cost	First name of person who gets care or support		How often paid?
Who pays the cost?	\$ Amount paid	Date last paid	<input type="radio"/> daily
Person or company that gets the money (name, address, and phone number)			<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: _____
			For court ordered child support list child who gets support (provide copy of court order)

COST 2

Type of cost	First name of person who gets care or support		How often paid?
Who pays the cost?	\$ Amount paid	Date last paid	<input type="radio"/> daily
Person or company that gets the money (name, address, and phone number)			<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: _____
			For court ordered child support list child who gets support (provide copy of court order)

Social security number:

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## Section R

### Medical Costs

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



#### Medical costs

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 (optional)

#### Signing up to vote

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 the last page.

### 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 to enroll in health-care benefits. This includes picking a health plan.
- Take any action needed to get benefits. This includes reporting changes and renewing benefits.

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):

Kendrick White

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

2817 Post Office St., Galveston, Texas 77550

Address

(903) 278-8942

Phone

## Section V

### Legal Information

### Legal information

#### Your Right to be Treated Fairly

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination with USDA, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](http://www.fns.usda.gov/snap/contact_info/hotlines.htm) (click the link for a listing of hotline number by State); found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights,

Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY)

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).

USDA and HHS are equal opportunity providers and employers.

#### 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:

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## Section W

### Statement of Understanding

Read Section W before signing the last page.

### 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.

### TANF Cash Help for Families 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.

### SNAP Food Benefits 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



### 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.



## 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.

- I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell HHSC and I may not have to cooperate.

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.

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

Sign here to show you agree:

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.

Person applying or their authorized representative:

Sign here

Date

Parent, guardian, or power of attorney for the person applying:

Sign here (you must give proof of this right)

Phone

Date

Witness (only needed if anyone above signed with an "X" or other mark):

Sign here

Date

Printed name of witness

Social security number:

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# Your Texas Benefits

People age 65 and older  
People with disabilities

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

Fill in the circles ( ○ ) like this

## Section A

### You and Your Spouse

Try to fill out as much of the form as you can.

We need facts about you and your spouse.

We need to know about your spouse even if:

- Your spouse does not live with you.  
or
- Your spouse does not want benefits.



Save Time

We need facts only for a spouse who is living.

If you are not married, do not fill in the sections marked "Spouse."

	You The person applying for benefits	Spouse Your husband or wife
What benefits are you applying for?	<input checked="" type="radio"/> Medicaid for the Elderly and People with Disabilities <input type="radio"/> Medicare Savings Program <input type="radio"/> Medicaid Buy-In Program	<input type="radio"/> None <input type="radio"/> Medicaid for the Elderly and People with Disabilities <input type="radio"/> Medicare Savings Program <input type="radio"/> Medicaid Buy-In Program
First name	Mark	
Middle name		
Last name	Lemire	
Social Security number	4 4 9 4 5 9 9 3 9	only if you are applying for benefits
Birth date	0 3 / 0 5 / 1 9 6 5 month day year	
Mailing address	1002 13th Ave N	
City	Texas City	
State, ZIP	Texas , 77590	
Home phone	(409) 497-6211	
Cell or daytime phone	(409) 497-6211	
Home address	1002 13th Ave N	
City	Texas City	
State, ZIP	Texas , 77590	
County	Galveston	
E-mail		

### Agency Use Only

Date received: \_\_\_\_\_

Case/EDG number: \_\_\_\_\_



## Section A

### You and Your Spouse (continued)

#### Optional Questions

	You	Spouse
Live in Texas?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Plan to stay in Texas?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If you get money from Social Security or railroad retirement, list the number.	<input type="text"/> Social Security claim number <input type="text"/> Railroad retirement number	<input type="text"/> Social Security claim number <input type="text"/> Railroad retirement number
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Hispanic or Latino?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Mark one or more:	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African-American <input type="radio"/> Native Hawaiian or Pacific Islander <input checked="" type="radio"/> White	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African-American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White
Mark one:	<input type="radio"/> Married <input checked="" type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed

## Section B

### Citizenship

	You	Spouse
Are you a U.S. citizen? if yes, go to Section C.	<input checked="" type="radio"/> Yes <input type="radio"/> No If no, give facts below:	<input type="radio"/> Yes <input type="radio"/> No If no, give facts below:
Are you a refugee or legally admitted immigrant?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If you have a sponsor, write their name.	<input type="text"/> Sponsor's name	<input type="text"/> Sponsor's name
Date you entered the U.S.	<input type="text"/> / <input type="text"/> / <input type="text"/> month day year	<input type="text"/> / <input type="text"/> / <input type="text"/> month day year
Are you registered with the U.S. Citizenship and Immigration Services?	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/> if yes, immigrant registration number	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/> if yes, immigrant registration number

## Section C

### Long-term Care



Save Time

This section is only for people who are not in a nursing home or other place that gives nursing care.

Whether or not you get Medicaid, the Department of Aging and Disability Services (DADS) can see if you can get long-term care services. Services can include meals, nursing care, and help with dressing and bathing. (See Form H1204, "Long Term Care Options." It came with this form.)

	You	Spouse
Do you want DADS to find out if you can get long-term care services?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
if yes, do you have intellectual or developmental disabilities?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Social security number:

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## Section D

### People Helping You



Save Time

Skip this box if you have a guardian or someone has your power of attorney.

### Person who can act for you (an authorized representative)

If you want, you can give someone the right to act for you. 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

	You	Spouse
If yes, tell us about that person:	Name	Name
	Address	Address
	Phone	Phone

### Person helping with legal matters

1. Do you have someone helping with legal or financial matters? ..... ☐ Yes ☒ No

	You	Spouse
If yes, tell us about that person:	<input type="radio"/> Guardian <input type="radio"/> Power of Attorney	<input type="radio"/> Guardian <input type="radio"/> Power of Attorney
	Name	Name
	Address	Address
	Phone	Phone

2. Do you have an executor or court appointed administrator? ..... ☐ Yes ☐ No

If yes, tell us about that person:	Name	Name
	Address	Address
	Phone	Phone

### Person helping you fill out this form

Is someone helping you or your spouse fill out this form? ..... ☐ Yes ☐ No

If yes, tell us about that person:

Name	Relationship or organization
Address	Phone

Social security number:

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## Section E

### Interview Help

#### You don't have to come to our office to be interviewed for these programs:

- Medicaid for the Elderly and People with Disabilities
- Medicare Savings Programs
- Medicaid Buy-In

We can interview you if you want to be interviewed.

Do you want to come to our office for an interview?..... ☐ Yes ☐ No

If yes, give facts below:

1. When you come to our office, will you need special help or equipment?... ☒ Yes ☐ No

If yes, what do you need?

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

3. 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

## Section F

### Your Home or Where You Live

#### Where you live

Where do you live?

You	Spouse
<input type="radio"/> Nursing Home	<input type="radio"/> Nursing Home
<input type="radio"/> State supported living center.	<input type="radio"/> State supported living center.
<input type="radio"/> State hospital.	<input type="radio"/> State hospital.
<input type="radio"/> Group home for people with intellectual or developmental disabilities (ICR/MR).	<input type="radio"/> Group home for people with intellectual or developmental disabilities (ICR/MR).
<input type="radio"/> Continuing care retirement community.	<input type="radio"/> Continuing care retirement community.
<input type="radio"/> Your own home.	<input type="radio"/> Your own home.
<input type="radio"/> Rent house or apartment (including an assisted living facility).	<input type="radio"/> Rent house or apartment (including an assisted living facility).
<input type="radio"/> With someone else in their home.	<input type="radio"/> With someone else in their home.
<input checked="" type="radio"/> House paid for by someone else.	<input type="radio"/> House paid for by someone else.
<input type="radio"/> Other <input type="text"/>	<input type="radio"/> Other <input type="text"/>

If you live in a nursing home or other place of care, write the place name below.

<input type="text"/>	<input type="text"/>
Name of place	Name of place

Will you stay there for less than 6 months?

☐ Yes ☐ No

☐ Yes ☐ No

Social security number:

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---	---	---	---	---	---	---	---	---	---	---



## Section F

### Your Home or Where You Live (continued)



Save Time

Fill out this page only if you live:

- In your own home.
- In a rent house or apartment
- With someone else in their home.
- In a house paid for by someone else.

### Other people living with you

Tell us about everyone living with you. Do you and your spouse live together?.. ☐ Yes ☐ No  
If yes, you only need to list the people who live with both of you under "You."  
If no, tell us about the people who live with each of you.

	You	Spouse
<b>PERSON 1</b>	Name of person living with you Relationship to you Birth date if a relative	Name of person living with you Relationship to you Birth date if a relative
<b>PERSON 2</b>	Name of person living with you Relationship to you Birth date if a relative	Name of person living with you Relationship to you Birth date if a relative
<b>PERSON 3</b>	Name of person living with you Relationship to you Birth date if a relative	Name of person living with you Relationship to you Birth date if a relative

### Housing costs

Tell us the costs you have for the home you live in or plan to return to.  
List the average amount each person pays every month.

	You pay:	Spouse pays:	If another person pays, list their name:
Rent or house payment	\$ 0.00	\$ 0.00	0
Tax on home	\$ 0.00	\$ 0.00	100 per year
Water and sewer	\$ 0.00	\$ 0.00	24
Electricity	\$ 0.00	\$ 0.00	70
Natural gas or propane	\$ 0.00	\$ 0.00	30
Phone	\$ 0.00	\$ 0.00	40
Home insurance	\$ 0.00	\$ 0.00	0
Food	\$ 0.00	\$ 0.00	150

Social security number:

4 4 9 - 4 5 - 9 9 3 9



## Section G

### Medical Facts

#### Medicare

Do you get medicare? ..... ☐ Yes ☒ No

	You	Spouse
If yes, mark the type you get.	<input type="radio"/> Part A <input type="radio"/> Part B <input type="radio"/> Part D	<input type="radio"/> Part A <input type="radio"/> Part B <input type="radio"/> Part D
If yes, what is your Medicare premium (monthly cost)?	\$ _____	\$ _____

#### Other health insurance

Do you or your spouse have health insurance other than Medicare, Medicaid, or CHIP: Include health insurance you had during the past year..... ☐ Yes ☒ No

If yes, give facts below:

POLICY 1	Name of Insured person (first, middle, last) _____		Name of policy holder _____																	
	Insurance company _____		Insurance company address _____																	
	Policy number _____	Coverage start date <table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td></tr></table>			/						Coverage end date <table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td></tr></table>			/						Type of coverage _____
			/																	
			/																	
	\$ _____	Who pays the premium? _____		How often is the premium paid? <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Yearly <input type="radio"/> Other: _____																
Do you get this insurance through a job you have now or used to have? .... <input type="radio"/> Yes <input type="radio"/> No		If yes, employer's name _____																		

POLICY 2	Name of Insured person (first, middle, last) _____		Name of policy holder _____																	
	Insurance company _____		Insurance company address _____																	
	Policy number _____	Coverage start date <table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td></tr></table>			/						Coverage end date <table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td></tr></table>			/						Type of coverage _____
			/																	
			/																	
	\$ _____	Who pays the premium? _____		How often is the premium paid? <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Yearly <input type="radio"/> Other: _____																
Do you get this insurance through a job you have now or used to have? .... <input type="radio"/> Yes <input type="radio"/> No		If yes, employer's name _____																		

Social security number:

4	4	9	-	4	5	-	9	9	3	9
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## Section G

### Medical Facts (continued)

#### Other facts

1. Do you or your spouse get Medicaid benefits from another state? ..... ☐ Yes ☒ No

\_\_\_\_\_

If yes, which state?

\_\_\_\_\_

When did you last get benefits?

2. Do you or your spouse get or expect to get money from:

• a lawsuit • personal injury settlement • an accident liability claim? ☐ Yes ☒ No

\_\_\_\_\_

If yes, list the name, address, and phone number of your attorney, insurance company, court, or person who has facts about the settlement.

## Section H

### Things You and Your Spouse are Paying for or Own (Resources)

#### Things you are paying for or own

Give facts about items you and your spouse own or are paying for.

1. Do you have checking accounts? ..... ☐ Yes ☐ No  
If yes, give facts below:

ACCOUNT 1	_____	_____
	Account number	Names on account
	_____	_____
	Bank or company name and address	\$ Value

ACCOUNT 2	_____	_____
	Account number	Names on account
	_____	_____
	Bank or company name and address	\$ Value

2. Do you have savings accounts? ..... ☐ Yes ☐ No  
If yes, give facts below:

ACCOUNT 1	_____	_____
	Account number	Names on account
	_____	_____
	Bank or company name and address	\$ Value

ACCOUNT 2	_____	_____
	Account number	Names on account
	_____	_____
	Bank or company name and address	\$ Value

Reminder:

If you need  
more room,  
add more pages.

Social security number:

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## Section H

### Things You and Your Spouse are Paying for or Own (continued)

By law, you must tell us if you or your spouse has an interest in an annuity or similar instrument.

If you get Medicaid, the state of Texas becomes the remainder beneficiary of that instrument.

3. Do you have certificates of deposit (CDs), money market accounts, or IRAs?..... ☐ Yes ☐ No  
If yes, give facts below:

ACCOUNT 1	Account number	Names on account	
			\$
	Bank or company name and address		Value

ACCOUNT 2	Account number	Names on account	
			\$
	Bank or company name and address		Value

4. Do you have savings bonds, stocks, or annuities? ..... ☐ Yes ☐ No  
If yes, give facts below:

ACCOUNT 1	Account number	Names on account	
			\$
	Bank or company name and address		Value
If this is an annuity, is the state of Texas named the remainder beneficiary? .....			<input type="radio"/> Yes <input type="radio"/> No

ACCOUNT 2	Account number	Names on account	
			\$
	Bank or company name and address		Value
If this is an annuity, is the state of Texas named the remainder beneficiary? .....			<input type="radio"/> Yes <input type="radio"/> No

Social security number:

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## Section H

### Things You and Your Spouse are Paying for or Own (continued)

5. Did you close an account (investment, annuity, bank, etc.) in the past 5 years?..... ☐ Yes ☐ No  
If yes, give facts below:

ACCOUNT 1	Name of closed investment or account	Account number	\$ Value
	Company name and address that handled investment or account		Date closed

ACCOUNT 2	Name of closed investment or account	Account number	\$ Value
	Company name and address that handled investment or account		Date closed

6. Do you have signature authority on someone else's account?..... ☐ Yes ☐ No  
If yes, give facts below:

Account owner's name	Account number	\$ Value
Bank or company name and address		

7. Do you have a safe deposit box? ..... ☐ Yes ☐ No  
If yes, give facts below:

Name and address of bank or company that keeps the safe deposit box	
Item	\$ Value

8. Do you have a patient trust fund? ..... ☐ Yes ☐ No  
If yes, give facts below:

Name and address of the place that keeps this fund for you	\$ Value
--	----------



#### Save Time

This question is only for people in a nursing home or other place of care.

Social security number:

4	4	9	-	4	5	-	9	9	3	9
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## Section H

### Things You and Your Spouse are Paying for or Own (continued)

9. Do you have any cash on hand? ..... ☐ Yes ☐ No  
If yes, how much cash: \$ .....

10. Do you have life insurance? ..... ☐ Yes ☐ No  
If yes, give facts below:

**POLICY 1**  
Insurance company name and address .....  
Policy Number ..... \$ .....  
Face value

**POLICY 2**  
Insurance company name and address .....  
Policy number ..... \$ .....  
Face value

11. Do you have a burial space or plot? ..... ☐ Yes ☐ No  
If yes: .....  
Name of cemetery ..... Number of spaces ..... Value \$ .....

12. Do you have a pre-need burial contract? ..... ☐ Yes ☐ No  
If yes: .....  
Funeral home name and address ..... Buyer or owner of contract ..... Value \$ .....

13. Do you have promissory or mortgage notes? ..... ☐ Yes ☐ No  
If yes are they: ☐ Negotiable ☐ Non-negotiable Value \$ .....

14. Do you have any trusts? ..... ☐ Yes ☐ No  
If yes: .....  
What kind? ..... Value \$ .....

15. Do you have any cars, trucks, boats, or other vehicles? ..... ☐ Yes ☐ No  
If yes:

.....  
Make/Model ..... Year ..... Value \$ .....

.....  
Make/Model ..... Year ..... Value \$ .....

Social security number:

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## Section H

### Things You and Your Spouse are Paying for or Own (continued)

16. Do you have a home (including a mobile home)? ..... ☐ Yes ☐ No

If yes, give facts below:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of the home	Amount of land	Current value

If you are not living in your home right now, do you plan to live in it again? ..... ☐ Yes ☐ No

Mark all that apply to the home: ☐ No one lives there ☐ Someone lives there and they pay rent ☐ Someone lives there and they don't pay rent ☐ For sale

**Don't forget, give us a copy of the latest tax statement.**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Address of the home	Amount of land	Current value

If you are not living in your home right now, do you plan to live in it again? ..... ☐ Yes ☐ No

Mark all that apply to the home: ☐ No one lives there ☐ Someone lives there and they pay rent ☐ Someone lives there and they don't pay rent ☐ For sale

17. Do you have a life estate or remainder interest in property? ..... ☐ Yes ☐ No

18. Do you own or share ownership of any other land, lots, or houses? ..... ☐ Yes ☐ No

If yes:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Address or location	Amount of land	Current value

<input type="text"/>	<input type="text"/>	<input type="text"/>
Address or location	Amount of land	Current value

19. Do you have any oil, gas, mineral, or surface rights? ..... ☐ Yes ☐ No

If yes:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Address or location	Amount of land	Current value

<input type="text"/>	<input type="text"/>	<input type="text"/>
Address or location	Amount of land	Current value

20. Do you have any livestock (cows, horses, pigs, etc.) or poultry? ..... ☐ Yes ☐ No

If yes:

<input type="radio"/> livestock	<input type="text"/>	<input type="text"/>	<input type="radio"/> livestock	<input type="text"/>	<input type="text"/>
<input type="radio"/> poultry	Number	Current Value	<input type="radio"/> poultry	Number	Current Value

Social security number:

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21. Do you have any work equipment? ..... ☐ Yes ☐ No  
If yes:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type	Current Value	Type	Current Value

Social security number:

4	4	9	-	4	5	-	9	9	3	9
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## Section H

### Things You and Your Spouse are Paying for or Own (continued)

22. Do you have money or benefits now that you should have gotten in the past? ..... ☐ Yes ☐ No

Examples:

- You were awarded money from an estate 2 years ago, but you just started getting the money.
- You applied for SSI 3 years ago and they just decided that you should get benefits. You are now getting paid for benefits you should have gotten 3 years ago.

If yes:

Type of money or benefits

\$

Amount you were owed

23. Do you have any personal property (fine china, silver, antiques, etc.)? .... ☐ Yes ☐ No

If yes:

Item

\$

Current value

Item

\$

Current value

24. Do you own or share ownership of anything not named in Section H? .... ☐ Yes ☐ No

If yes:

Item

\$

Current value

Item

\$

Current value

## Section I

### Money or Property You or Your Spouse Sold, Traded, or Gave Away

#### Money or property you or your spouse sold, traded, or gave away

1. Did you sell, trade, or give away money (including income), property, or anything else in the past 5 years? ..... ☐ Yes ☐ No

If yes, give facts below:

ITEM 1	What did you sell, trade, or give away?	\$	Market value	What did you get in return?
	Who did you sell, trade, or give it to?			<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

ITEM 2	What did you sell, trade, or give away?	\$	Market value	What did you get in return?
	Who did you sell, trade, or give it to?			<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

2. Did you give up the right to get any money (including income) or an inheritance? ..... ☐ Yes ☐ No

If yes, explain:

3. Did you reduce the amount of benefits you get from any source? ..... ☐ Yes ☐ No

If yes, explain:

Social security number:

4 4 9 - 4 5 - 9 9 3 9



## Section J

### Money Coming into Your Home (Income)

#### Money you or your spouse might get from other programs:

Are you waiting for an answer on an application for one of the programs listed below? ..... ☐ Yes ☐ No

If yes, mark the programs below:

You	Spouse
<input type="radio"/> Social Security	<input type="radio"/> Social Security
<input type="radio"/> Supplemental Security Income (SSI).	<input type="radio"/> Supplemental Security Income (SSI).
<input type="radio"/> Veterans benefits.	<input type="radio"/> Veterans benefits.
<input type="radio"/> Other benefits <input type="text"/>	<input type="radio"/> Other benefits <input type="text"/>

#### Money from jobs

Did you or your spouse get money in the past 3 months from:

(a) working for someone else, (b) training,  
or (c) working for yourself? ..... ☐ Yes ☒ No

If yes, give facts below:

JOB 1	Who got the money: <input type="radio"/> You <input type="radio"/> Your spouse		
		\$	before taxes and deductions are taken out
	Hours worked	Amount paid	
	<input type="text"/>	<input type="text"/>	
	Start date	Last payment date (month/year)	
	<input type="text"/>	<input type="text"/>	
Did you work for yourself? ..... <input type="radio"/> Yes <input type="radio"/> No			
<input type="text"/>			
If no, list the person or place that paid the money.			

Are you still working at this job? ..... ☐ Yes ☐ No

How often are you paid?

- ☐ Daily ☐ Twice a month  
☐ Once a week ☐ Once a month  
☐ Every 2 weeks ☐ Other:

JOB 1	Who got the money: <input type="radio"/> You <input type="radio"/> Your spouse		
		\$	before taxes and deductions are taken out
	Hours worked	Amount paid	
	<input type="text"/>	<input type="text"/>	
	Start date	Last payment date (month/year)	
	<input type="text"/>	<input type="text"/>	
Did you work for yourself? ..... <input type="radio"/> Yes <input type="radio"/> No			
<input type="text"/>			
If no, list the person or place that paid the money.			

Are you still working at this job? ..... ☐ Yes ☐ No

How often are you paid?

- ☐ Daily ☐ Twice a month  
☐ Once a week ☐ Once a month  
☐ Every 2 weeks ☐ Other:

Social security number:

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## Section J

### Money Coming into Your Home (continued)

#### Other money

Give facts about other money you or your spouse get.

You	Spouse
1. Do you get Social Security? ..... <input type="radio"/> Yes <input type="radio"/> No	
<div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">If yes, what is the monthly amount?</div>	<div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">If yes, what is the monthly amount?</div>
2. Do you get Supplemental Security Income (SSI)? ..... <input type="radio"/> Yes <input type="radio"/> No	
<div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">If yes, what is the monthly amount?</div>	<div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">If yes, what is the monthly amount?</div>
3. Do you get veterans benefits? ..... <input type="radio"/> Yes <input type="radio"/> No	
<div style="border: 1px solid black; padding: 2px;">If yes, what is the claim number?</div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">If yes, what monthly amount?</div>	<div style="border: 1px solid black; padding: 2px;">If yes, what is the claim number?</div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">If yes, what monthly amount?</div>
4. Did you, your spouse, parent, or deceased child ever serve in the armed forces? ..... <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, tell us about the person who served. We will use these facts to find out if you can get their veterans benefits.	
<div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">Service start date</div>	<div style="border: 1px solid black; padding: 2px;">Service number</div> <div style="border: 1px solid black; padding: 2px;">Service end date</div>
<div style="border: 1px solid black; padding: 2px;"> Is this person related to:  <input type="radio"/> You <input type="radio"/> Your spouse  What is their relationship to you? </div>	
5. Do you get railroad retirement? ..... <input type="radio"/> Yes <input type="radio"/> No	
<div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">If yes, what is the monthly amount?</div>	<div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">If yes, what is the monthly amount?</div>
6. Do you get civil service retirement payments? ..... <input type="radio"/> Yes <input type="radio"/> No	
<div style="border: 1px solid black; padding: 2px;">If yes, what is the claim number?</div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">If yes, what is the monthly amount?</div>	<div style="border: 1px solid black; padding: 2px;">If yes, what is the claim number?</div> <div style="border: 1px solid black; padding: 2px;">\$</div> <div style="border: 1px solid black; padding: 2px;">If yes, what is the monthly amount?</div>

Social security number:

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## Section J

### Money Coming into Your Home (continued)

You	Spouse
7. Do you get any other retirement income? ..... <input type="radio"/> Yes <input type="radio"/> No	
<div></div> <div>If yes, what is the claim number?</div> <div>\$</div> <div>If yes, what monthly amount?</div>	<div></div> <div>If yes, what is the claim number?</div> <div>\$</div> <div>If yes, what monthly amount?</div>
8. Do you have payments or annuities from private insurance? ..... <input type="radio"/> Yes <input type="radio"/> No	
<div></div> <div>If yes, what is the company name?</div> <div>\$</div> <div>If yes, what monthly amount?</div>	<div></div> <div>If yes, what is the company name?</div> <div>\$</div> <div>If yes, what monthly amount?</div>
9. Do you get interest from any of the following sources? ..... <input type="radio"/> Yes <input type="radio"/> No • checking account    • savings account • certificate of deposit (CD)    • note payment    • other	
<div>\$</div> <div>If yes, what is the amount you get?</div> <div></div> <div>If yes, how often?</div>	<div>\$</div> <div>If yes, what is the amount you get?</div> <div></div> <div>If yes, how often?</div>
10. Do you get dividends from stocks, bonds, or insurance? ..... <input type="radio"/> Yes <input type="radio"/> No	
<div>\$</div> <div>If yes, what is the amount you get?</div> <div></div> <div>If yes, how often?</div>	<div>\$</div> <div>If yes, what is the amount you get?</div> <div></div> <div>If yes, how often?</div>
11. Does anyone pay you rent? ..... <input type="radio"/> Yes <input type="radio"/> No	
<div>\$</div> <div>If yes, what is the amount you get?</div> <div></div> <div>If yes, how often?</div>	<div>\$</div> <div>If yes, what is the amount you get?</div> <div></div> <div>If yes, how often?</div>

Social security number:

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## Section J

### Money Coming into Your Home (continued)

You	Spouse
12. Do you get any money from leases or royalties from oil, gas, mineral, or surface rights? ..... <input type="radio"/> Yes <input type="radio"/> No	
<div>If yes, write the name of the company that pays you.</div> <div>\$</div> <div>If yes, what monthly amount you get?</div> <div></div> <div>If yes, how often?</div>	<div>If yes, write the name of the company that pays you.</div> <div>\$</div> <div>If yes, what monthly amount you get?</div> <div></div> <div>If yes, how often?</div>
13. Do you get any money from farming? ..... <input type="radio"/> Yes <input type="radio"/> No	
<div>\$</div> <div>If yes, what is the amount you get?</div>	<div>\$</div> <div>If yes, what is the amount you get?</div>
14. Do you get the following types of money from anyone else or anywhere else? ..... <input checked="" type="radio"/> Yes <input type="radio"/> No • cash • gifts • payments you get for loaning money to someone else • bill paid by you • child support • training • other	
<div>Other</div> <div>If yes, what type of money do you get?</div> <div>Mary Lemire</div> <div>If yes, who do you get the money from and why?</div> <div>\$ 0.00</div> <div>If yes, what is the amount you get?</div>	<div></div> <div>If yes, what type of money do you get?</div> <div></div> <div>If yes, who do you get the money from and why?</div> <div>\$</div> <div>If yes, what is the amount you get?</div>

Social security number:

4	4	9	-	4	5	-	9	9	3	9
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## Section K

### Medical Costs



Save Time

This section is only for people applying for the first time. If you are renewing benefits, you can skip this section.

### Medical bills from the past 3 months:

If you or your spouse can't pay medical bills from the past 3 months, Medicaid might pay them. We will look at the money you get and the things you own to find out if Medicaid might pay them. If you have paid them, you might be able to get paid back by your health care provider (doctor, hospital, clinic, etc.).

Do you have any medical bills for services from the past 3 months? ..... ☒ Yes ☐ No  
If yes, give facts below:

Who got the services? <input checked="" type="radio"/> You <input type="radio"/> Your spouse		Type of bill: <input type="radio"/> Doctor <input checked="" type="radio"/> Hospital <input type="radio"/> Medicine <input type="radio"/> Other	
\$ 5,000.00	\$ 0.00	08 / 09 / 16	UTMB
Amount of bill	Amount paid	Date of service (mm/dd/yy)	Who provided the medical service?
, Galveston, Texas 77550			
Address of medical service provider			

Who got the services? <input type="radio"/> You <input type="radio"/> Your spouse		Type of bill: <input type="radio"/> Doctor <input type="radio"/> Hospital <input type="radio"/> Medicine <input type="radio"/> Other	
\$	\$	/	
Amount of bill	Amount paid	Date of service (mm/dd/yy)	Who provided the medical service?
Address of medical service provider			

If yes, we need to know the money you got (income) and things you were paying for or owned (resources) during those past 3 months.

Were they different from what you listed on this form? ..... ☐ Yes ☐ No

Social security number:

4	4	9	-	4	5	-	9	9	3	9
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## Section K

### Medical Costs (continued)



## Save Time

**Fill out this section  
only if you are in a:**

- Nursing home.
- State supported living center.
- State hospital.
- Group home (ICF/MR).
- Home and community-based waiver program.

### Medical costs you paid in the past year

Did you or your spouse pay medical bills in the past year? ..... ☒ Yes ☐ No

If yes, give facts below:

<div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center;"> <span style="font-size: 24px;">0</span> <span style="font-size: 24px;">8</span> <span style="font-size: 24px;">/</span> <span style="font-size: 24px;">0</span> <span style="font-size: 24px;">9</span> <span style="font-size: 24px;">/</span> <span style="font-size: 24px;">1</span> <span style="font-size: 24px;">6</span> </div>	<div style="border: 1px solid black; display: flex; align-items: center;"> <span style="font-size: 24px; color: green;">\$</span> <span style="margin-left: 10px;">0.00</span> </div>	<p>Who got the services? <input checked="" type="radio"/> You <input type="radio"/> Your spouse</p> <p>Type of bill: <input type="radio"/> Doctor <input checked="" type="radio"/> Hospital <input type="radio"/> Medicine <input type="radio"/> Other</p>
<div style="border: 1px solid black; display: flex; align-items: center;"> <span style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></span> <span style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></span> </div>	<div style="border: 1px solid black; display: flex; align-items: center;"> <span style="font-size: 24px; color: green;">\$</span> <span style="margin-left: 10px;"></span> </div>	<p>Who got the services? <input type="radio"/> You <input type="radio"/> Your spouse</p> <p>Type of bill: <input type="radio"/> Doctor <input type="radio"/> Hospital <input type="radio"/> Medicine <input type="radio"/> Other</p>
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## Section L

## Signing Up to Vote (optional)

## Signing up to vote

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 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 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     ☐ Agency transmitted     ☐ Mailed to client  
☐ Client declined     ☐ Client to mail     ☐ Other

Agency staff signature

Social security number:

4	4	9	-	4	5	-	9	9	3	9
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## Section M

### Statement of Understanding

Read this section before signing.



### 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.

### Giving Out Facts About Me

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

### Medical 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.

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.

### Reporting Changes

I agree to let HHSC know, within 10 days, about any changes to my case. This includes changes in facts I give on this form such as money I get, things I own or are paying for, where I live, or insurance I have (including health insurance premiums).

Social security number:

4	4	9	-	4	5	-	9	9	3	9
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## Notice:

### Your estate might have to pay the state back for services you get.

#### Medicaid Estate Recovery Program:

If you get certain Medicaid long-term services, the state of Texas has the right to ask for money back from your estate after you die. In some cases, the state might not ask for anything back. The state will never ask for more money back than it paid for your services.

The state can ask for money back from your estate only if: (1) you applied for and received certain Medicaid services on or after March 1, 2005, and (2) you were age 55 or older when you got the services. To learn more, call 1-800-458-9858.

#### By signing below, I agree:

##### Did you...

1. Include the "items we need" listed on page D.
2. Sign and date this page.



- To let HHSC and other state, federal, and local agencies check, share, and get facts about me or my spouse.
- To let other people, businesses, and organizations share facts they have about me or my spouse 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 below to show you agree:**

#### You

Sign here

			/			/		
--	--	--	---	--	--	---	--	--

Date

#### Spouse

Sign here

			/			/		
--	--	--	---	--	--	---	--	--

Date

If you are a parent, guardian, authorized representative, court appointed administrator, executor, or have power of attorney for this person, sign below:

Sign here (You must give proof of this right)

			/			/		
--	--	--	---	--	--	---	--	--

Date

Sign here (You must give proof of this right)

			/			/		
--	--	--	---	--	--	---	--	--

Date

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

			/			/		
--	--	--	---	--	--	---	--	--

Date

Printed name of witness

Social security number:

4	4	9	-	4	5	-	9	9	3	9
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Texas Health and Human Services Commission

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# Addendum

## Contact information

Mark Lemire	
Home address	
Home address (line 1): .....	1002 13th Ave N
City: .....	Texas City
State: .....	Texas
ZIP: .....	77590
County: .....	Galveston
Mailing address	
Mail address (line 1): .....	1002 13th Ave N
City: .....	Texas City
State: .....	Texas
ZIP: .....	77590
County: .....	Galveston

## School

Mark Lemire
Date this person plans to graduate: .....

## Other health insurance

Mark Lemire
-------------

# Addendum

Reason why health coverage ended: .....

Is the money you get (income) or things you are paying for or own (resources) different today than it was in the past 3 months? **No**

## Money you expect to get

**Mark Lemire**

Total amount of money this person expects to get this year: ..... **\$0.00**

Total amount of money this person expects to get next year: ..... **\$0.00**

Has this person ever gotten health-care services or a referral from either: (1) the Indian Health Service, (2) a tribal health program, or (3) an urban Indian health program? ..... **No**

Is this person able to get health-care services or a referral from either: (1) the Indian Health Service, (2) a tribal health program, or (3) an urban Indian health program? ..... **No**

## Authorized Representative

**Mark Lemire**

Name of authorized representative: ..... **Kendrick White**

This is your: ..... **NONE**

Address (line 1): ..... **2817 Post Office St.**

City: ..... **Galveston**

State: ..... **Texas**

ZIP: ..... **77550**

Phone: ..... **(409) 763-8521**

Organization name: ..... **St. Vincent's Free Student Clinic**

# Addendum

## Other questions (Agency use only)

Have you been helped by an assister organization? ..... **No**

Did this person ask to apply for health-care benefits for an adult who isn't taking care of a child? ..... **Yes**

Do you agree to allow the agency to renew your health coverage in future years? ..... **Yes - for 5 years**

## Individual Information (Agency use only)

**Mark Lemire**

Social security number: ..... **449-45-9939**

Did this person ask to apply for health-care benefits for an adult who isn't taking care of a child? ..... **Yes**

Did this person ask to apply for health-care benefits for people who were in foster care? ..... **No**

### Foster care

Was client in Foster care? ..... **No**

### Income and Deductions

Undefined income and expense: ..... **UnEarned Income**

## SNAP Food Benefits: Your Rights and Program Rules

### What can I buy with SNAP?

SNAP food benefits are used to buy food and garden seeds. Most grocery stores accept SNAP.

You **can't** use SNAP to:

- Buy tobacco.
- Buy alcoholic drinks.
- Buy things you can't eat or drink.
- Pay for food bills you already owe.

### How will I get my SNAP benefits?

You will get a plastic card called the Lone Star Card. Every month your SNAP amount will be put in your Lone Star Card account. You will use this card like a credit card at the cash register. To get help with your card, call 1-800-777-7328 (toll-free).

### Can I get SNAP?

You might be able to get SNAP if the money you get (income) and the things you own are under a set limit.

Some things you own are not counted, for example:

- Your home
- Personal items
- Life insurance policies

### How will I know how much I have in my SNAP account?

We will send you a letter telling you how much you will get each month. You can check your balance by calling the Lone Star Card help line at 1-800-777-7328 (toll-free).

### How long will I get SNAP?

We will send you a letter telling you how long your benefit period is. Most adults age 18 to 50 who do not have a child in the home can get SNAP benefits for only 3 months in a 3-year period. The benefit period can be longer if the adult works at least 20 hours a week or is in an approved work program. Some might not have to work or be in a work program to get benefits, such as those who have a disability or are pregnant.

### How do I apply?

- **Online:** YourTexasBenefits.com.
- **At a benefits office:** To find a Texas Health and Human Services Commission (HHSC) benefits office near you, go to YourTexasBenefits.com or call 2-1-1 (after you pick a language, press 1).
- **Paper form (H1010):** To get a form, you can either: (1) call toll-free 2-1-1 or 1-877-541-7905 (after you pick a language, press 2), or (2) visit an HHSC benefits office.

### Can someone else buy food for me?

You can get a Lone Star Card for another person. That person can use the card to buy food for you. You are responsible for what that person buys with that card. If a card is lost or stolen, you must call us right away at 1-800-777-7328 (toll-free). We will not replace any SNAP benefits used before you report the loss or theft of the card.



## Your Rights

1. We can't treat you unfairly (discriminate) because of age, race, color, sex, disability, religion, national origin or political beliefs. If you think you have been treated unfairly, you can file a complaint with us and the USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave., S.W., Stop 9410, Washington, DC 20250-9410.
2. You can give us your application form in person or by mail. Another person can give us the form for you. You don't have to go to an interview before giving us your form. You can give us the form the same day you get it. We must accept your form if we can read your name and address, and it has been signed.  
If you need help filling out the form or applying, we will help you.
3. We must give you benefits within 30 days after you give us your application if you: (a) give us everything on time, and (b) we find you meet SNAP program limits. Some people with very little money might get benefits the next workday after they apply.
4. You can talk to the office supervisor if: (a) you have questions that your caseworker can't answer, or (b) you disagree with a decision your caseworker makes.
5. You can file a complaint by calling 2-1-1. If you don't get the help you need there, you can call the HHSC Office of the Ombudsman at 1-877-787-8999. Both numbers are free to call.
6. If you think any action taken on your case is wrong, you can ask for a hearing to appeal. A hearing is a chance for you to tell a hearing officer the reasons you think the action is wrong. The hearing officer will decide if the right action was taken.
7. A child who gets SNAP will get free school lunches. The child must: (a) go to a public or private school, and (b) be in grades pre-school to high school. Contact your child's school if:
  - You don't want your child to get free school lunches.
  - You think your child should get free school lunches but doesn't.
  - You have questions about the free school lunch program.

## Program Rules

1. Anyone who applies for or gets SNAP must tell the truth about their benefits case.
2. It is against the law for anyone to do or try to do any of the following:
  - Trade, sell, or steal SNAP benefits or Lone Star Cards.
  - Share their Lone Star Card PIN (password).
  - Use Lone Star Cards that don't belong to them.
  - Sell food they make with items bought with SNAP benefits.
  - Buy items in refundable containers with SNAP benefits to get refunds and not use the items.
  - Re-sell items bought with SNAP benefits.
3. Most people age 16 to 59 must follow work rules to get SNAP benefits. Work rules mean a person must look for a job or be in an approved work program. If the person has a job, they can't quit without good cause. A person who doesn't follow the work rules will be penalized.  
If your SNAP case has more than one parent or caretaker with a child (age 17 or younger), you must decide which parent or caretaker will be listed as the "primary wage earner." If you don't decide who will be the primary wage earner, HHSC will decide for you. If the primary wage earner doesn't follow the work rules, **everyone** on the SNAP case will be penalized.  
Penalties:
  - **1st time:** No SNAP benefits for 1 month or longer (until the person follows the rules).
  - **2nd time:** No SNAP benefits for 3 months or longer (until the person follows the rules).
  - **3rd time:** No SNAP benefits for 6 months or longer (until the person follows the rules).
4. You must tell us about changes to your case within 10 days of the change. We gave you a list that shows the changes we need to know about (see Form H1019, Report of Change).
5. If you get more SNAP benefits than you should, you must pay them back.
6. If you move out of the state before using all the benefits in your account, you can use your Lone Star Card at stores that accept SNAP benefits in other states.
7. These are the penalties for people who break SNAP rules on purpose:
  - **1st time:** Can't get SNAP for 1 year.
  - **2nd time:** Can't get SNAP for 2 years.
  - **3rd time:** Can never get SNAP again.  
If a court of law decides you can't get benefits, the court will decide for how long.
8. If you have a felony drug conviction on or after September 1, 2015 and:
  - If you don't follow parole or community supervision rules, you might not get SNAP for 2 years.
  - If you get another felony drug conviction while you are getting SNAP, you can't ever get SNAP again.

**If you have any questions, call 2-1-1.**

## **Beneficios de comida del Programa SNAP:** **Sus derechos y las reglas del programa**

### **¿Qué puedo comprar con el programa SNAP?**

Los beneficios de comida del programa SNAP se usan para comprar alimentos y semillas para huertos. Casi todos los supermercados aceptan el programa SNAP.

Usted **no puede** usar el programa SNAP para:

- Comprar tabaco.
- Comprar bebidas alcohólicas.
- Comprar cosas que no se puedan comer ni beber.
- Pagar cuentas de alimentos que ya debía con anterioridad.

### **¿Cómo recibiré los beneficios del programa SNAP?**

Recibirá una tarjeta de plástico llamada tarjeta Lone Star. Cada mes la cantidad asignada por el programa SNAP se cargará a su tarjeta Lone Star. Usted usará su tarjeta en la caja como una tarjeta de crédito. Para recibir ayuda con la tarjeta, llame al 1-800-777-7328 (sin costo).

### **¿Puedo recibir beneficios del programa SNAP?**

Usted podría recibir beneficios del Programa SNAP si el dinero que recibe (sus ingresos) y sus propiedades están por debajo de un límite fijo.

Algunas de sus propiedades no se toman en cuenta, como por ejemplo:

- Su casa
- Artículos personales
- Pólizas de seguro de vida

### **¿Cómo sé cuánto tengo en la cuenta del programa SNAP?**

Le enviaremos una carta diciéndole cuánto recibirá cada mes. Puede revisar el saldo llamando a la línea de ayuda de la tarjeta Lone Star al 1-800-777-7328 (sin costo).

### **¿Por cuánto tiempo recibiré los beneficios de comida del programa SNAP?**

Le enviaremos una carta informándole de cuánto tiempo durarán sus beneficios. La mayoría de los adultos entre 18 y 50 años, y que no tienen hijos en casa, pueden recibir beneficios del programa SNAP solo por 3 meses en un periodo de 3 años. El periodo de beneficios puede ser más largo si el adulto trabaja por lo menos 20 horas por semana o si está en un programa aprobado de trabajo. Algunas personas no tienen que trabajar ni estar en un programa de trabajo para recibir beneficios, como las personas discapacitadas o las mujeres embarazadas.

### **¿Cómo solicito estos beneficios?**

- **En línea:** YourTexasBenefits.com
- **En una oficina de beneficios:** Para encontrar una oficina de beneficios de la Comisión de Salud y Servicios Humanos (HHSC) cerca de usted, vaya a YourTexasBenefits.com o llame al 2-1-1 (después de seleccionar un idioma, oprima el 1).
- **Con una forma en papel (H1010):** Para recibir una forma, tiene dos opciones: (1) llame sin costo al 2-1-1 o al 1-877-541-7905 (después de seleccionar un idioma, oprima el 2); o (2) visite una oficina de beneficios de la HHSC.

### **¿Puede otra persona comprarme los alimentos?**

Usted puede obtener una tarjeta Lone Star para otra persona. Esa persona puede usar la tarjeta para comprarle los alimentos a usted. Usted es responsable de lo que esa persona compre con esa tarjeta. Si pierde la tarjeta o se la roban, usted tiene que llamarnos inmediatamente al 1-800-777-7328 (sin costo). No le reembolsaremos ningún gasto del programa SNAP que se haya hecho antes de avisar sobre la pérdida o el robo de la tarjeta.

## Sus derechos

1. No podemos tratarlo injustamente (discriminarlo) debido a su edad, raza, color, sexo, discapacidad, religión, origen nacional u opiniones políticas. Si cree que lo han tratado injustamente, puede presentar una queja ante nosotros y a la siguiente dirección: USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave., S.W., Stop 9410, Washington, DC 20250-9410.
2. Nos puede dar la solicitud en persona o puede enviarla por correo. Otra persona nos la puede entregar a nombre suyo. Usted no tiene que ir a una entrevista antes de entregarnos la solicitud. Nos la puede dar el mismo día que la recibe. Tenemos que aceptar la solicitud si su nombre y dirección se pueden leer, y si está firmada. Si necesita ayuda para llenar la solicitud, podemos ayudarlo.
3. Tenemos que darle los beneficios dentro de 30 días después de recibir su solicitud, si usted: (a) nos da todo a tiempo y (b) decidimos que usted satisface los límites del programa SNAP. Algunas personas con muy poco dinero podrían recibir beneficios el siguiente día laboral después de presentar la solicitud.
4. Puede hablar con el supervisor de la oficina si: (a) tiene preguntas que el trabajador de casos no puede contestar o (b) no está de acuerdo con una decisión del trabajador de casos.
5. Puede presentar una queja llamando al 2-1-1. Si no le dan la ayuda que necesita, también puede llamar a la Oficina del Ombudsman de la HHSC al 1-877-787-8999. Las llamadas a estos teléfonos son gratis.
6. Si cree que alguna acción tomada en su caso es incorrecta, puede pedir una audiencia para apelarla. Una audiencia es una oportunidad para decirle al funcionario de audiencias las razones por las cuales cree que la acción es incorrecta. El funcionario de audiencias decidirá si se tomó la acción correcta.
7. Un niño que recibe beneficios del programa SNAP recibirá el almuerzo gratis en la escuela. El niño tiene que: (a) asistir a una escuela pública o privada y (b) estar en cualquier grado desde el prekindergarten hasta la preparatoria. Comuníquese a la escuela de su hijo si:
  - No quiere que su hijo reciba el almuerzo gratis en la escuela.
  - Cree que su hijo debe recibir el almuerzo gratis, pero no lo recibe.
  - Tiene preguntas sobre el programa de almuerzo gratis.

## Reglas del programa

1. Cualquier persona que solicite o reciba beneficios del SNAP tiene que decir la verdad sobre su caso de beneficios.
2. Es en contra de la ley que una persona haga o trate de hacer una de las siguientes acciones:
  - Intercambiar, vender o robar beneficios del SNAP o de las tarjetas Lone Star.
  - Compartir su número de PIN (contraseña) de la tarjeta Lone Star.
  - Usar tarjetas Lone Star que no le pertenecen.
  - Vender comida preparada con artículos comprados con los beneficios de programa SNAP.
  - Comprar artículos en recipientes reembolsables con los beneficios del SNAP para recibir reembolsos y no usar los artículos.
  - Revender artículos que compró con los beneficios de comida del SNAP.
3. La mayoría de las personas entre 16 y 59 años tiene que seguir las reglas de empleo para recibir beneficios del programa SNAP. Según las reglas de empleo, una persona tiene que buscar trabajo o estar en un programa aprobado de trabajo. Si la persona tiene trabajo, no puede dejarlo sin tener un motivo justificado. La persona que no siga las reglas de empleo será sancionada. Si en su caso del programa SNAP hay más de un padre o cuidador con un niño (de 17 años o menos), usted tiene que decidir cuál padre o cuidador aparecerá como el "principal sostén económico". Si no decide quién va a ser el principal sostén económico, la HHSC decidirá por usted. Si el principal sostén económico no sigue las reglas de empleo, **todas las personas** que estén en el caso del programa SNAP serán sancionadas.  
Sanciones:
  - **1.a vez:** No recibirá beneficios del programa SNAP por 1 mes o por más tiempo (hasta que la persona siga las reglas).
  - **2.a vez:** No recibirá beneficios del programa SNAP por 3 meses o por más tiempo (hasta que la persona siga las reglas).
  - **3.a vez:** No recibirá beneficios del programa SNAP por 6 meses o por más tiempo (hasta que la persona siga las reglas).
4. Usted tiene que informarnos sobre cualquier cambio en su caso dentro de los 10 días siguientes al cambio. Le hemos dado una lista que muestra los cambios que necesitamos saber (vea la Forma H1019s, Informe de cambio).
5. Si recibe más beneficios del programa SNAP de los que debería haber recibido, tiene que devolver el exceso.
6. Si se muda fuera del estado antes de usar todos los beneficios en su cuenta, puede usar la tarjeta Lone Star en otros estados en los supermercados que acepten beneficios del Programa SNAP.
7. Estas son las sanciones que sufrirán las personas que violen intencionalmente las reglas del programa SNAP:
  - **1.a vez:** No podrá recibir beneficios del programa SNAP por 1 año.
  - **2.a vez:** No podrá recibir beneficios del programa SNAP por 2 años.
  - **3.a vez:** No podrá jamás volver a recibir beneficios del programa SNAP.Si una corte decide que usted no puede recibir beneficios, la corte decidirá por cuánto tiempo.
8. Si usted ha sido declarado culpable de un delito grave relacionado con drogas del 1<sup>o</sup> de septiembre de 2015 en adelante, y:
  - Si usted no cumple con las reglas de su libertad condicional o supervisión comunitaria, no podrá recibir beneficios de SNAP por 2 años.
  - Si es declarado culpable de otro delito grave relacionado con drogas mientras recibe beneficios de SNAP, no podrá jamás volver a recibir beneficios de SNAP.

**Si tiene alguna pregunta, llame al 2-1-1.**