



## You can apply for benefits online

If you would rather apply for benefits online, go to **www.YourTexasBenefits.com**

This website also will allow you to:

- Find out if you should apply for benefits.
- Find a benefits office near you.

After you fill out an online form, you can check:

- The status of your form.
- Your interview time.
- Items we still need to get from you.
- If we got forms you sent to us.
- Benefit amounts (if you get benefits).

## Helpful Tips

- Sign and date page 19.
- Send "Items we need." See Page D.
- Read the tips on the left side of the page. They can help you save time.
- If you need more room to answer any question, you can add more pages.



Save Time

These time saving tips will tell you if you need to fill out a section.

## Texas Health and Human Services Commission (HHSC)

### Questions about this form or about benefits

Call 2-1-1 or 1-877-541-7905.

After you pick a language, press 2 to:

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

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

### To apply for other state benefits

If you want to apply for SNAP food benefits, cash help for families (TANF), or Medicaid for children and families, you need a different form. To get that form, call 2-1-1 (after you pick a language, press 2). Or apply online at **www.YourTexasBenefits.com**

### Report waste, fraud, and abuse

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

### Getting long-term care services

If you are approved to get Medicaid, another state agency, the Department of Aging and Disability Services (DADS), might help with your case. DADS staff will find out what long-term care services you can get To see a list of services, go to Form H1204, "Long Term Care Options." It came with this form. To learn more, call 2-1-1 (after you pick a language, press 2, and then press 1).

**Notice: Your estate might have to pay the state back for services you get.** To learn more, see page 19.



# Your Texas Benefits

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

Fill in the circles (○) like this →●

People age 65 and older  
People with disabilities

## 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 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	_____	_____
Middle name	_____	_____
Last name	_____	_____
Social Security number	<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>-</div><div></div><div></div><div></div> </div> <div>only if you are applying for benefits</div>
Birth date	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>month day year</div>	<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>month day year</div>
Mailing address	_____	_____
City	_____	_____
State, Zip	_____	_____
Home phone	_____	_____
Cell or daytime phone	(     ) - _____	(     ) - _____
Home address	_____	_____
City	_____	_____
State, Zip	_____	_____
County	_____	_____
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 type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Plan to stay in Texas?	<input 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.	_____ Social Security claim number _____ Railroad retirement number	_____ Social Security claim number _____ Railroad retirement number
Gender	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Hispanic or Latino?	<input type="radio"/> Yes <input 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 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 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 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.	_____ Sponsor's name	_____ Sponsor's name
Date you entered the U.S.	<div> <div>     </div> <div>/</div> <div> <div>     </div> <div>/</div> <div> <div>       </div> </div> </div> <div>month day year</div> </div>	<div> <div>     </div> <div>/</div> <div> <div>     </div> <div>/</div> <div> <div>       </div> </div> </div> <div>month day year</div> </div>
Are you registered with the U.S. Citizenship and Immigration Services?	<input type="radio"/> Yes <input type="radio"/> No _____ If yes, immigrant registration number	<input type="radio"/> Yes <input type="radio"/> No _____ 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



## Section D

### People Helping 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 Medicaid or CHIP. This includes picking a health plan.
- take any action needed to get benefits. This includes reporting changes and renewing benefits.

By agreeing to act as your authorized representative, I agree to:

- fulfill all your responsibilities related to Medicaid;
- keep information about you private;
- obey state and federal laws about conflict of interest and keeping information private, including:
  - laws that protect information on people who apply for or receive Medicaid (42 CFR part 431, subpart F);
  - laws about the privacy and safety of personally identifiable information (45 CFR §155.260(f)); and
  - laws barring the state from paying anyone other than your provider or you for Medicaid services, except in a few circumstances (42 CFR §447.10).

You can have only one authorized representative for all your benefits from HHSC. If you want to change your authorized representative: (1) log in to your account on YourTexasBenefits.com and report a change, or (2) call 2-1-1 (after you pick a language, press 2). If you're a legally appointed representative for someone on this application, send proof with the application.

### You and your spouse

1. 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:

Name

Address

( ) -

Phone

This person is your:

☐ Guardian ☐ Power of Attorney ☐ Other Relationship: \_\_\_\_\_

### Your authorized representative

If this person is filling out this application for you, they also must sign page 19.

The person who agrees to be your authorized representative must sign here.

Date

You, the person applying for benefits

Sign here to show you agree to have the person listed above  
as your authorized representative.

Date



## Section D

### People Helping You (continued)

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

If yes, tell us about that person:	Name
	Address
	( ) -
	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

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



## Section F

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

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

Name of place	Name of place
Will you stay there for less than 6 months?	
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

### 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>	<p>Name of person living with you</p> <p>Relationship to you</p> <p>Birth date if a relative <input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p>Name of person living with you</p> <p>Relationship to you</p> <p>Birth date if a relative <input type="text"/> / <input type="text"/> / <input type="text"/></p>
<b>PERSON 2</b>	<p>Name of person living with you</p> <p>Relationship to you</p> <p>Birth date if a relative <input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p>Name of person living with you</p> <p>Relationship to you</p> <p>Birth date if a relative <input type="text"/> / <input type="text"/> / <input type="text"/></p>
<b>PERSON 3</b>	<p>Name of person living with you</p> <p>Relationship to you</p> <p>Birth date if a relative <input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p>Name of person living with you</p> <p>Relationship to you</p> <p>Birth date if a relative <input type="text"/> / <input type="text"/> / <input type="text"/></p>

### 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	\$	\$	
Tax on home	\$	\$	
Water and sewer	\$	\$	
Electricity	\$	\$	

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.



## Section G

## Medical Facts

Natural gas or propane	\$	\$	
Phone	\$	\$	
Home insurance	\$	\$	
Food	\$	\$	

**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	Coverage end date	Type of coverage
\$ _____				
How much is the premium?		Who pays the premium?		How often is the premium paid? <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Yearly
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	Coverage end date	Type of coverage
\$ _____				
How much is the premium?		Who pays the premium?		How often is the premium paid? <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Yearly
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 _____



## 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.





## Section H

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

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? ..... ☐ Yes ☐ 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? ..... ☐ Yes ☐ No

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.



## 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	Amount you received
			/ /
	Company name and address that handled investment or account		Date closed

ACCOUNT 2	_____	_____	\$ _____
	Name of closed investment or account	Account number	Amount you received
			/ /
	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
_____	\$ _____
Item	Value

8. Do you have a patient trust fund? ..... ☐ Yes ☐ No  
If yes

_____	\$ _____
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.



## 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



## 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:

_____	_____	\$ _____
<b>Address of the home</b>	<b>Amount of land</b>	<b>Current value</b>

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.**

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:

_____	_____	\$ _____
<b>Address or location</b>	<b>Amount of land</b>	<b>Current value</b>

  

_____	_____	\$ _____
<b>Address or location</b>	<b>Amount of land</b>	<b>Current value</b>

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

_____	_____	\$ _____
<b>Address or location</b>	<b>Amount of land</b>	<b>Current value</b>

  

_____	_____	\$ _____
<b>Address or location</b>	<b>Amount of land</b>	<b>Current value</b>

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

<input type="radio"/> livestock	_____	\$ _____	<input type="radio"/> livestock	_____	\$ _____
<input type="radio"/> poultry	<b>Number</b>	<b>Current value</b>	<input type="radio"/> poultry	<b>Number</b>	<b>Current value</b>

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

_____	\$ _____	_____	\$ _____
<b>Type</b>	<b>Current value</b>	<b>Type</b>	<b>Current value</b>



## Section H

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

22. Do you get any 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
_____	_____



Save Time

Don't list items you use for daily living needs.

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?	Date sold, traded, or given away		

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?	Date sold, traded, or given away		

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: \_\_\_\_\_



## 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"/> Supplemental Security Income (SSI). <input type="radio"/> Veterans benefits. <input type="radio"/> Other benefits _____	<input type="radio"/> Social Security. <input type="radio"/> Supplemental Security Income (SSI). <input type="radio"/> Veterans benefits. <input type="radio"/> Other benefits _____

#### 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	<b>Are you still working at this job?</b> ..... <input type="radio"/> Yes <input type="radio"/> No  <b>How often are you paid?</b> <input type="radio"/> Daily <input type="radio"/> Twice a month <input type="radio"/> Once a week <input type="radio"/> Once a month <input type="radio"/> Every 2 weeks <input type="radio"/> Other: _____
	<div> <div>_____</div> <div>\$</div> <div>before taxes and deductions are taken out</div> </div>	
	<div> <div>_____</div> <div>Amount paid</div> </div>	
	<div> <div>____/____/____</div> <div>Start date</div> </div>	
	<div> <div>____/____</div> <div>Last payment date (month/year)</div> </div>	
	Did you work for yourself? ..... <input type="radio"/> Yes <input type="radio"/> No	
	If no, list the person or place that paid the money.	
JOB 2	Who got the money: <input type="radio"/> You <input type="radio"/> Your spouse	<b>Are you still working at this job?</b> ..... <input type="radio"/> Yes <input type="radio"/> No  <b>How often are you paid?</b> <input type="radio"/> Daily <input type="radio"/> Twice a month <input type="radio"/> Once a week <input type="radio"/> Once a month <input type="radio"/> Every 2 weeks <input type="radio"/> Other: _____
	<div> <div>_____</div> <div>\$</div> <div>before taxes and deductions are taken out</div> </div>	
	<div> <div>_____</div> <div>Amount paid</div> </div>	
	<div> <div>____/____/____</div> <div>Start date</div> </div>	
	<div> <div>____/____</div> <div>Last payment date (month/year)</div> </div>	
	Did you work for yourself? ..... <input type="radio"/> Yes <input type="radio"/> No	
	If no, list the person or place that paid the money.	



## 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	
\$ _____ If yes, what is the monthly amount?	\$ _____ If yes, what is the monthly amount?
2. Do you get Supplemental Security Income (SSI)? ..... <input type="radio"/> Yes <input type="radio"/> No	
\$ _____ If yes, what is the monthly amount?	\$ _____ If yes, what is the monthly amount?
3. Do you get veterans benefits?..... <input type="radio"/> Yes <input type="radio"/> No	
_____ If yes, what is the claim number?	_____ If yes, what is the claim number?
\$ _____ If yes, what is the monthly amount?	\$ _____ If yes, what is the monthly amount?
4. Did you, your spouse, parent, or deceased child ever serve in the armed forces? ..... <input type="radio"/> Yes <input 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.	
_____ Name	_____ Service number
_____ Service start date	_____ Service end date
<b>Is this person related to:</b> <input type="radio"/> You <input type="radio"/> Your spouse _____ <b>What is their relationship to you?</b>	
You	Spouse
5. Do you get railroad retirement? ..... <input type="radio"/> Yes <input type="radio"/> No	
\$ _____ If yes, what is the monthly amount?	\$ _____ If yes, what is the monthly amount?
6. Do you get civil service retirement payments? ..... <input type="radio"/> Yes <input type="radio"/> No	
_____ If yes, what is the claim number?	_____ If yes, what is the claim number?
\$ _____ If yes, what is the monthly amount?	\$ _____ If yes, what is the monthly amount?



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





## 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	
If yes, write the name of the company that pays you. \$ If yes, what is the amount you get? If yes, how often?	If yes, write the name of the company that pays you. \$ If yes, what is the amount you get? If yes, how often?
13. Do you get any money from farming? ..... <input type="radio"/> Yes <input type="radio"/> No	
\$ If yes, what is the amount you get?	\$ If yes, what is the amount you get?
14. Do you get the following types of money from anyone else or anywhere else? ..... <input type="radio"/> Yes <input type="radio"/> No • cash • gifts • payments you get for loaning money to someone else • bills paid for you • child support • training • other	
If yes, what type of money do you get? If yes, who do you get the money from and why? \$ If yes, what is the amount you get?	If yes, what type of money do you get? If yes, who do you get the money from and why? \$ If yes, what is the amount you get?

## 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 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 about 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



## 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 any medical bills in the past year? ..... ☐ Yes ☐ No  
If yes, give facts below:

<div style="display: flex; justify-content: space-between;"> <div> <div style="text-align: center;">/ /</div> <div>Date paid</div> </div> <div> <div style="text-align: center;">\$</div> <div>Amount paid</div> </div> </div>	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
<div style="display: flex; justify-content: space-between;"> <div> <div style="text-align: center;">/ /</div> <div>Date paid</div> </div> <div> <div style="text-align: center;">\$</div> <div>Amount paid</div> </div> </div>	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
<div style="display: flex; justify-content: space-between;"> <div> <div style="text-align: center;">/ /</div> <div>Date paid</div> </div> <div> <div style="text-align: center;">\$</div> <div>Amount paid</div> </div> </div>	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
<div style="display: flex; justify-content: space-between;"> <div> <div style="text-align: center;">/ /</div> <div>Date paid</div> </div> <div> <div style="text-align: center;">\$</div> <div>Amount paid</div> </div> </div>	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

## 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 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

☐ Agency transmitted

☐ Mailed to client

☐ Client declined

☐ Client to mail

☐ Other

Agency staff signature \_\_\_\_\_



## Section M

### Preferred Method of Contact

#### Preferred Method of Contact by Health Plan Providers or Managed Care Organizations

If you get health benefits from us, your health plan provider or managed care organization (MCO) may contact you for the following.

- Appointment reminders
- Information about your health care matters
- Other important notices

You can choose to receive this contact by phone, text message or email.

Text message and e-mail are not encrypted and may not be secure. The risks include an unauthorized third party intercepting confidential or private information. If one of these is your preferred method of communication for your health care, be aware of these risks when sending your personal information by text or email.

Your MCO or health plan provider must take reasonable steps to make sure that your health care information stays private.

By completing the information below, you acknowledge that you understand the risks associated with receiving electronic communications and consent to HHSC sharing your preferred method of contact with your MCO or health plan provider.

Select your preferred contact method from the list below.

Name: \_\_\_\_\_

Language you prefer to be contacted in: \_\_\_\_\_

☐

By Telephone

**Telephone Number:** \_\_\_\_\_

(if contacted by cell phone, the call may be auto-dialed or pre-recorded, and your carrier's usage rates may apply)

☐

By Text message

**Cell phone number:** \_\_\_\_\_

(Carrier message and data rates may apply)

☐

By e-mail

**E-mail address:** \_\_\_\_\_