



# Your Texas Benefits

How to apply for benefits for:  
People age 65 and older  
People with disabilities



## Medicaid for the Elderly and People with Disabilities

Helps people who:

- Lost Supplemental Security Income (SSI) benefits.
- Need to be in a nursing home or other place of care.  
or
- Have a disability.

There might be a better form to use, if any of these apply to you:

- You no longer get SSI and you aren't applying for the Medicaid Buy-In Program. (H1200-EZ)
- You are applying only for a Medicare Savings Program. (H1200-EZ)
- You live in a state supported living center. (H1200-PFS)
- You live in a state hospital. (H1200-PFS)

To ask for these forms, call 2-1-1 or 1-877-541-7905.



## Medicare Savings Programs

Helps people who already get Medicare. Helps people pay Medicare costs. Costs can include Medicare premiums, co-pays, and deductibles.

These programs also are known as:

- Qualified Medicare Beneficiaries (QMB).
- Specified Low-income Medicare Beneficiaries (SLMB).
- Qualifying Individuals (QI-1).
- Qualified Disabled and Working Individuals (QDWI).

### To apply for Medicare

You must apply for Medicare through a different agency – the Social Security Administration.

To learn more, visit [www.Medicare.gov](http://www.Medicare.gov) or call 1-800-633-4227.



## Medicaid Buy-In Program

Helps people who work and: (a) have a disability or (b) are age 65 or older. Some people might have to pay a monthly fee.

**Medicaid Buy-In for Children** is a different program. It is for families who have a child with a disability, but make too much money to get traditional Medicaid.

To get the form for that program, call 2-1-1 or 1-877-541-7905 and ask for Form H1200-MBIC.

# How to Apply



## What to do:

1. Fill out this form.
2. Sign and date page 19.
3. Send "Items we need" listed on page D.



## How to send it in:

**Mail:** HHSC, PO Box 14600, Midland, TX 79711-4600.  
OR to your local benefits office.  
Call 2-1-1 to get the address.

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

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

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

Don't send this page with your form. Keep for your records. **Page A**



## You can apply for benefits online

If you would rather apply for benefits online, go to [www.YourTexasBenefits.com](http://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.
- **Write your SSN on the bottom of each page.** This will help us track your form.



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](http://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](http://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.



# Legal Information

## Your right to be treated fairly

If you think you have been treated unfairly (discriminated against) because of race, color, national origin, age, sex, disability, or religion, you can file a complaint.

Contact us at:  
HHSCivilRightsOffice  
@hhsc.state.tx.us or by:

- Mail:  
HHSC  
Office of Civil Rights  
701 W. 51<sup>st</sup> St.  
MC W-206  
Austin, TX 78751
- Phone:  
1-888-388-6332  
1-877-432-7232 (TTY)
- Fax (not toll-free):  
1-512-438-5885

## Citizenship and Immigration Status

- 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 Medicaid long-term care services could affect your immigration status and your chances of getting a Permanent Resident Card (green card).
- You might want to talk to an agency that helps immigrants with legal questions before you apply.

## 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.

(42 CFR §435.910)

## Help you can get without filling out this form

### Reporting abuse

Do you think someone is being abused? If the abuse is in a nursing home or other place of care, call 1-800-458-9858. If the abuse is in a private home, call 1-800-252-5400.

### How to file a complaint

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

### Services in your area

Do you need help finding services? Call 2-1-1 or 1-877-541-7905. Pick a language, then press 1. Or visit [www.211Texas.org](http://www.211Texas.org)

Learn about services in your area, such as:

- Food banks
- Senior services
- Housing
- Help after a disaster
- Help with gas, electric, and water bills
- Tax help
- Child care
- After-school programs
- Family violence programs
- Legal help

### Alcohol and Drug Abuse Prevention Program

Do you or someone you know want to stop using alcohol or drugs? Call 1-877-966-3784 (1-877-9-NO DRUG). You can get help:

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

### Adult Education and Family Literacy Program

Do you want help learning to read or getting a GED? Do you need help with job skills? Or learning to speak English? Call 1-800-441-7323 (1-800-441-READ).

### Family Violence Program

Are you afraid for your children's or your safety? Call the hotline anytime at 1-800-799-7233 (1-800-799-SAFE). You can get help:

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



## Items we need

Look below for the items to bring or send with this form.

We only need **copies** of these items. Keep the originals for your records.

We only need items that apply to your case. For example, if you or your spouse don't have a bank account, we do not need bank statements.

- **Social Security number** – Social Security card or statement.
- **Citizenship** – U.S. passport, Certificate of Naturalization, U.S. birth certificate, hospital record of birth, or Medicare card. (If you are renewing benefits, we need this only if your status changed.)
- **Immigration status** – Registration card or papers from the U.S. Citizenship and Immigration Services. We need copies of the front and back of these forms. (If you are renewing benefits, we need this only if your status changed.)
- **Legal representative** – Power of attorney papers, guardianship order, court order, or similar court documents.
- **Money from a job** – The last 6 pay stubs or paychecks, a statement from employer or self-employment records.
- **Social Security, pension, veterans benefits, Supplemental Security Income (SSI), workers' compensation, unemployment, or other government benefits** – Award letter or pay stubs.
- **Child support you pay** – Divorce decree, court order, or district clerk record showing how much you pay.
- **Child support you get** – District clerk record. Or letter from parent who pays showing how much, how often, and the date it is usually paid. The letter must be dated and have the name, address, phone number, and signature of the parent who pays.
- **Loans, repayments, and gifts (includes someone paying bills for you)** – Loan agreement. Or statement from the person giving or repaying you money, or paying your bills. The statement must be dated and have that person's name, address, phone number, and signature.
- **Bank accounts** – Statements from this month and the past 3 months.
- **Stocks, bonds, trusts, annuities** – Trust agreement, annuity contract, stock certificate, bond instrument, or current statements.
- **Real estate, oil, gas, mineral rights** – Current tax statements, division orders, deeds, promissory or mortgage note, or royalty statements.
- **Medical, dental, and private insurance costs** – Bills, receipts, statements, or canceled checks from this month and the past 3 months.
- **Insurance policies** – Life, burial, and health insurance policies showing the current value. We also might need your spouse or ex-spouse's job-related health insurance information and policies.
- **Continuing care retirement community** – Admission contract.



If you need help getting these items, let us know.



# 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."

	<b>You</b> The person applying for benefits	<b>Spouse</b> Your husband or wife
<b>What benefits are you applying for?</b>	<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
<b>First name</b>	<input type="text"/>	<input type="text"/>
<b>Middle name</b>	<input type="text"/>	<input type="text"/>
<b>Last name</b>	<input type="text"/>	<input type="text"/>
<b>Social Security number</b>	<input type="text"/>	<input type="text"/> <small>only if you are applying for benefits</small>
<b>Birth date</b>	<input type="text"/> / <input type="text"/> / <input type="text"/> <small>month day year</small>	<input type="text"/> / <input type="text"/> / <input type="text"/> <small>month day year</small>
<b>Mailing address</b>	<input type="text"/>	<input type="text"/>
<b>City</b>	<input type="text"/>	<input type="text"/>
<b>State, ZIP</b>	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>
<b>Home phone</b>	( <input type="text"/> ) - <input type="text"/>	( <input type="text"/> ) - <input type="text"/>
<b>Cell or daytime phone</b>	( <input type="text"/> ) - <input type="text"/>	( <input type="text"/> ) - <input type="text"/>
<b>Home address</b>	<input type="text"/>	<input type="text"/>
<b>City</b>	<input type="text"/>	<input type="text"/>
<b>State, ZIP</b>	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>
<b>County</b>	<input type="text"/>	<input type="text"/>
<b>E-mail</b>	<input type="text"/>	<input type="text"/>

### Agency Use Only

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

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



### Section A

## You and Your Spouse (continued)

### Optional Questions

	You	Spouse
<b>Live in Texas?</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>Plan to stay in Texas?</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>If you get money from Social Security or railroad retirement, list the number.</b>	_____ Social Security claim number _____ Railroad retirement number	_____ Social Security claim number _____ Railroad retirement number
<b>Gender</b>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
<b>Hispanic or Latino?</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>Mark one or more:</b>	<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
<b>Mark one:</b>	<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																																								
<b>Are you a U.S. citizen?</b> 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:																																								
<b>Are you a refugee or legally admitted immigrant?</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No																																								
<b>If you have a sponsor, write their name.</b>	_____ Sponsor's name	_____ Sponsor's name																																								
<b>Date you entered the U.S.</b>	<table border="1"> <tr> <td> </td><td> </td> <td>/</td> <td> </td><td> </td> <td>/</td> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="2">month</td> <td></td> <td colspan="2">day</td> <td></td> <td colspan="4">year</td> </tr> </table>			/			/					month			day			year				<table border="1"> <tr> <td> </td><td> </td> <td>/</td> <td> </td><td> </td> <td>/</td> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="2">month</td> <td></td> <td colspan="2">day</td> <td></td> <td colspan="4">year</td> </tr> </table>			/			/					month			day			year			
		/			/																																					
month			day			year																																				
		/			/																																					
month			day			year																																				
<b>Are you registered with the U.S. Citizenship and Immigration Services?</b>	<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
<b>Do you want DADS to find out if you can get long-term care services?</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>If yes, do you have intellectual or developmental disabilities?</b>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Social Security number:

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



## 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
<b>If yes, tell us about that person:</b>	Name Address ( ) - Phone	Name Address ( ) - Phone

### Person helping with legal matters

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

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

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

<b>If yes, tell us about that person:</b>	Name Address ( ) - Phone	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

Social Security number:

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



### 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?

<b>You</b>	<b>Spouse</b>
<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 (ICF/MR).	<input type="radio"/> Group home for people with intellectual or developmental disabilities (ICF/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 type="radio"/> House paid for by someone else.	<input type="radio"/> House paid for by someone else.
<input type="radio"/> Other _____	<input type="radio"/> Other _____

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

_____	_____
<b>Name of place</b>	<b>Name of place</b>

Will you stay there for less than 6 months?

- Yes  No  Yes  No

Social Security number:

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



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

## 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	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Tax on home	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Water and sewer	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Electricity	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Natural gas or propane	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Phone	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Home insurance	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Food	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Social Security number:

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



**Section G**

**Medical Facts**

**Medicare**

Do you get Medicare? .....  Yes  No

	<b>You</b>	<b>Spouse</b>
<b>If yes, mark the type you get.</b>	<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
<b>If yes, what is your Medicare premium (monthly cost)?</b>	<b>\$</b> _____	<b>\$</b> _____

**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?**  
 Monthly  Quarterly  Yearly

Do you get this insurance through a job you have now or used to have? ..... Yes 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?**  
 Monthly  Quarterly  Yearly

Do you get this insurance through a job you have now or used to have? ..... Yes No \_\_\_\_\_  
If yes, employer's name

Social Security number:

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



### 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	_____	_____
	<b>Account number</b>	<b>Names on account</b>
	_____	<b>\$</b> _____
	<b>Bank or company name and address</b>	<b>Value</b>

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

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

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

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

### Reminder:

If you need more room, add more pages.

Social Security number:

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





# 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:

<b>ACCOUNT 1</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Name of closed investment or account</b>	<b>Account number</b>	<b>Amount you received</b>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Company name and address that handled investment or account</b>		<b>Date closed</b>

<b>ACCOUNT 2</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Name of closed investment or account</b>	<b>Account number</b>	<b>Amount you received</b>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<b>Company name and address that handled investment or account</b>		<b>Date closed</b>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Account owner's name</b>	<b>Account number</b>	<b>Value</b>
<input type="text"/>		
<b>Bank or company name and address</b>		

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

<input type="text"/>	
<b>Name and address of bank or company that keeps the safe deposit box</b>	
<input type="text"/>	<input type="text"/>
<b>Item</b>	<b>Value</b>
<input type="text"/>	<input type="text"/>
<b>Item</b>	<b>Value</b>



### Save Time

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

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

<input type="text"/>	<input type="text"/>
<b>Name and address of the place that keeps this fund for you</b>	<b>Value</b>

Social Security number:

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



## 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:  
 | | | - | | - | | | |



**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:

<input type="text"/>	<input type="text"/>	<b>\$</b> <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.**

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"/>	<b>\$</b> <input type="text"/>
----------------------	----------------------	--------------------------------

**Address or location**

**Amount of land**

**Current value**

<input type="text"/>	<input type="text"/>	<b>\$</b> <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"/>	<b>\$</b> <input type="text"/>
----------------------	----------------------	--------------------------------

**Address or location**

**Amount of land**

**Current value**

<input type="text"/>	<input type="text"/>	<b>\$</b> <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"/>	<b>\$</b> <input type="text"/>	<input type="radio"/> livestock	<input type="text"/>	<b>\$</b> <input type="text"/>
<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:

<input type="text"/>	<b>\$</b> <input type="text"/>	<input type="text"/>	<b>\$</b> <input type="text"/>
<b>Type</b>	<b>Current value</b>	<b>Type</b>	<b>Current value</b>

Social Security number:

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



# 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	_____ \$ _____	_____
	<b>What did you sell, trade, or give away?</b>	<b>Market value</b>
	_____	_____
	<b>Who did you sell, trade, or give it to?</b>	<b>Date sold, traded, or given away</b>

ITEM 2	_____ \$ _____	_____
	<b>What did you sell, trade, or give away?</b>	<b>Market value</b>
	_____	_____
	<b>Who did you sell, trade, or give it to?</b>	<b>Date sold, traded, or given away</b>

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:

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



## 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="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:

**Who got the money:**  You  Your spouse

\_\_\_\_\_ before taxes and deductions are taken out

**Hours worked**      **Amount paid**

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_

**Start date**      **Last payment date (month/year)**

**Did you work for yourself?** .....  Yes  No

\_\_\_\_\_

**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: \_\_\_\_\_

**Who got the money:**  You  Your spouse

\_\_\_\_\_ before taxes and deductions are taken out

**Hours worked**      **Amount paid**

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_

**Start date**      **Last payment date (month/year)**

**Did you work for yourself?** .....  Yes  No

\_\_\_\_\_

**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:

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



## 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? .....  Yes  No

<p><b>\$</b> _____ If yes, what is the monthly amount?</p>	<p><b>\$</b> _____ If yes, what is the monthly amount?</p>
--	--

2. Do you get Supplemental Security Income (SSI)? .....  Yes  No

<p><b>\$</b> _____ If yes, what is the monthly amount?</p>	<p><b>\$</b> _____ If yes, what is the monthly amount?</p>
--	--

3. Do you get veterans benefits?.....  Yes  No

<p>_____</p> <p>If yes, what is the claim number?</p> <p><b>\$</b> _____</p> <p>If yes, what is the monthly amount?</p>	<p>_____</p> <p>If yes, what is the claim number?</p> <p><b>\$</b> _____</p> <p>If yes, what is the monthly amount?</p>
---	---

4. Did you, your spouse, parent, or deceased child ever serve in the armed forces?.....  Yes  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.

<p>_____</p> <p><b>Name</b></p> <p>_____ / _____ / _____</p> <p><b>Service start date</b></p>	<p>_____</p> <p><b>Service number</b></p> <p>_____ / _____ / _____</p> <p><b>Service end date</b></p>	<p><b>Is this person related to:</b></p> <p><input type="radio"/> You <input type="radio"/> Your spouse</p> <p>_____</p> <p><b>What is their relationship to you?</b></p>
---	---	---

You	Spouse
-----	--------

5. Do you get railroad retirement?.....  Yes  No

<p><b>\$</b> _____ If yes, what is the monthly amount?</p>	<p><b>\$</b> _____ If yes, what is the monthly amount?</p>
--	--

6. Do you get civil service retirement payments? .....  Yes  No

<p>_____</p> <p>If yes, what is the claim number?</p> <p><b>\$</b> _____</p> <p>If yes, what is the monthly amount?</p>	<p>_____</p> <p>If yes, what is the claim number?</p> <p><b>\$</b> _____</p> <p>If yes, what is the monthly amount?</p>
---	---

Social Security number:

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





### 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, write the name of the company that pays you. \$ _____
If yes, what is the amount you get? _____	If yes, what is the amount you get? _____
If yes, how often? _____	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 <ul style="list-style-type: none"> <li>• cash • gifts • payments you get for loaning money to someone else</li> <li>• bills paid for you • child support • training • other</li> </ul>	
If yes, what type of money do you get? _____	If yes, what type of money do you get? _____
If yes, who do you get the money from and why? \$ _____	If yes, who do you get the money from and why? \$ _____
If yes, what is the amount you get?	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

Social Security number:

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



### Section K

## Medical Costs (continued)



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:

____/____/____ Date paid	____ \$ ____ Amount paid	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
____/____/____ Date paid	____ \$ ____ Amount paid	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
____/____/____ Date paid	____ \$ ____ Amount paid	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
____/____/____ Date paid	____ \$ ____ Amount paid	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.

<b>Agency Use Only: Voter Registration Status</b>	<input type="checkbox"/> Already registered	<input type="checkbox"/> Agency transmitted	<input type="checkbox"/> Mailed to client
	<input type="checkbox"/> Client declined	<input type="checkbox"/> Client to mail	<input type="checkbox"/> Other
			_____ <b>Agency staff signature</b>

Social Security number:

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



## 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:

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



# 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		Spouse	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Sign here	Date	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:

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Sign here (You must give proof of this right)	Date	Sign here (You must give proof of this right)	Date

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Sign here if you are a witness (only needed if anyone above signed with an "X" or other mark).	Date
<input type="text"/>	
Printed name of witness	

Social Security number:

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