

Your Texas Benefits: Getting Started





SNAP (this used to be called Food Stamps).

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

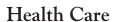


Cash Help for Families

TANF: Temporary Assistance for Needy Families

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

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





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

Programs include:

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

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

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

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



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

How to Apply



What to do:

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



How to send it:

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

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

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



www.YourTexasBenefits.com

On this website you can:

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



Texas Health and Human Services Commission (HHSC)

Ouestions about this form or about benefits

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

After you pick a language, press 2 to:

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

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

Report waste, fraud, and abuse

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

Helpful Tips

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



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

For example, if you see this:



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

How to file a complaint

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

Help you can get without filling out this form

Services in your area

Do you need help finding services? Call 2-1-1 (if you can't connect. call 1-877-541-7905). After you pick a language, press 1.

Texas Workforce Network

Are you looking for work? You can get help:

- Applying for a job.
- Finding a job.

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

Family Planning

Do you need help with family planning? Men and women can get help with:

- Birth control supplies.
- Other health care.

Call 2-1-1 to find a clinic.

Women with low income might be able to get free services in the Women's Health Program. To learn more, call 1-866-993-9972.

Family Violence Program

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

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

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

Adult Education and Family Literacy Program

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

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

Women, Infants and Children program (WIC)

Are you pregnant or a new mother? You can get help:

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

Call 1-800-942-3678.

Alcohol and Drug Abuse **Prevention Program**

Do you or someone you know want to stop using alcohol or drugs? You can get help:

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

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

Health Insurance Premium Payment Program (HIPP)

Do you need help paying for your health insurance?

Call 1-800-440-0493.

Or write:

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



Items we need from anyone on your case

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

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

If you are applying for

Any Benefit Program

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

- Identity (proof of who you are) Current driver's license or Department of Public Safety ID card. If a person has the right to act for you (as your authorized representative), that person also needs to give proof of identity.
- **Immigration status** Resident card (I-551), arrival/departure form (I-94). Or papers from the U.S. Citizenship and Immigration Services. We need copies of the front and back of these forms.
- Legal representative (a person who has the right to act for you on legal issues) - Power of attorney papers, guardianship order, court order, or similar court documents.
- Social Security, Supplemental Security Income (SSI), or pension benefits – Award letter or pay stubs.
- Military service Current Military ID (Form DD-2), military orders, or separation papers (Form DD-214).







- Child support anyone pays Court papers that show what you must pay for child support. For example: divorce decree, court order, or district clerk record.
- **Child support anyone gets –** District clerk record. Or letter from the parent who pays showing how much, how often and the date it is usually paid. The letter must have the name, address, phone number, and signature of the parent who pays.
- Veterans benefits, workers' compensation, or **unemployment** – Award letter or pay stubs.
- Loans and gifts (includes someone paying bills for you) – Loan agreements or statement from the person giving you money or paying your bills. Must show that person's name, address, phone number, and signature.

If you are applying for

SNAP food benefits

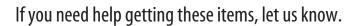
bring or send copies of items that apply to anyone on your case.

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

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









More items we need from you

If you are applying for

Cash Help for Families (TANF)

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

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



If you are applying for

CHIP or Children's Medicaid

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

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

If you are applying for

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

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

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

Your Texas Benefits: Form



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

Fill in the circles (\bigcirc) like this \rightarrow

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

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

Mark the benefits anyone on your case is applying for: **Health Care (Medicaid or CHIP):** ○ Children O Adult Caring for a Child ○ Food Benefits (SNAP) ○ Cash Help for Families (TANF) O Pregnant Women

Person 1: contact person or head of household							
P	4:44b	Lastroma					
First name A Social Security number	Aiddle name	Last name / ate (month/day/year)					
	Dii tii u	ate (month, day/year)					
Mailing address							
City	State	ZIP					
Home phone	Cell or da	ytime phone					
Home address	County						
City	State	ZIP					

Section B

Food Benefits

This section is only for people applying for food benefits.



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

You might be able to	o get SNAP foo	d benefits t	he next we	ork day ba	ised on y	our
answers to these qu	estions. Answer	them for e	everyone li	ving in yo	ur home	•

(include cash and money in the bank)

- 2. Is the total amount of money that everyone has today \$100 or less?
- 3. Do you expect the total amount of money everyone will
- 4. Is the amount of your housing bills more than the amount of money (cash and money in the bank) everyone expects to have this month? (Count bills that are paid only by people living in the home. Bills can include rent, mortgage, water, gas, electric, sewage, and phone.) O Yes O No

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



O Yes O No





Section C	Is anyone in your home pregnant?
Pregnant Women	If yes, who?
This section is only for people applying for health-care benefits.	Due date 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 If yes, who?
benefits.	
Section E	Most people applying for benefits must be interviewed. We often interview people on the phone.
Interview Help	 You live more than 30 miles from the closest benefits office. You can't get a ride. You are sick. You work or training hours don't allow you to get to a benefits office when it's open. You are a victim of family violence. You take care of someone in your home.
	Do any of the reasons above apply to you? O Yes O No
	2. If you come to our office, will you need special help or equipment? O Yes O No
	If yes, what do you need?
	3. What language do you want to speak during the interview?
	4. Will you need an interpreter? We can get one for you for free
Agency Use Only	Date received: Screened by:
Expedite? □ Yes □ No	Date screened: Screened by:
Social Security number:	H1010



Your Texas Benefits: Form

Fill in the circles (\bigcirc) like this \rightarrow \bigcirc .

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

Section F							
Contacting You	Person 1	l: Contact Per	rson or He	ead of Hous	sehold		
100	First name		Middle name		I	ast name	
		- -			/[
	Social Security nu	ımber		Birt	h date (mon	th/day/year)	
	E-mail						
	Are you apply	ying for benefits fo	r yourself? .		•••••	•••••	○ Yes ○ No
	If yes, give y	your facts below:					
Section G	Person	1					•
Person 1	If you get money to Security or railroal list the number yo	d retirement,	l Security claim	number	Railroad ı	etirement numbe	<u> </u>
	O Married (O Single O Divor			idowed	Live in Texas	s? O Yes O No
Mark the benefits Person 1 is applying for:	01	Male OFemale					○ Yes ○ No
O Food Benefits (SNAP) Cash Help for	Questions	rk one or more: Black or African-2	American			or Alaska Nativ or Pacific Island	
Families (TANF): O TANF	Are you going	g to school? C	Yęs O No	If yes, are	you goin	g full-time?	O Yes O No
One-Time TANFOne-Time TANF Grandparent	Are you a U.S. citizen? If no, give facts below.						
Health Care	Are you a refu	ugee or legally adn	nitted immig	grant?	•••••		. ○Yes ○No
(Medicaid or CHIP) for: Children							
Adult Caring for a Child	If you have a spo	onsor, write your spons	or's name		Date you	entered the U.S. (m	nonth/day/year)
O Pregnant Women	Are you regis	tered with the U.S	5.		-		
	Citizenship a	nd Immigration Se	ervices?	Yes O No	Immigran	t registration num	ıber
				_			

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

Fax: 1-877-447-2839

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

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

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

If you need more pages, you can:

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





Section H	Person 2: spouse, child, or other adult applying for benefits	
People		
-	First name Middle name Last name	
Applying		7
for Benefits	Social Security number Birth date (month/day/year)	J
	If this person gets money from Social Security or railroad	
Mark the benefits Person 2 is applying for:	This person's relationship to you retirement, list the number here: Social Security claim # Railroad retirement #	
○ Food Benefits (SNAP)	O Married O Single O Divorced O Separated O Widowed Live in Texas? O Yes O N	О
Cash Help for	OMale OFemale Hispanic or Latino?	0
Families (TANF):	Uptional	0
○ TANF	Questions Mark one or more: O American Indian or Alaska Native O Asian O Black or African-American O Native Hawaiian or Pacific Islander O White	
One-Time TANFOne-Time TANF Grandparent		
Health Care	Is this person going to school? O Yes O No If yes, is this person going full-time? O Yes O N	
(Medicaid or CHIP) for:	Is this person a U.S. citizen? If no, give facts below O Yes O N	O
○ Children	Is this person a refugee or legally admitted immigrant? O Yes O N	0
Adult Caring for a Child		٦
O Pregnant Women	If this person has a sponsor, write the sponsor's name. Date person entered the U.S. (month/day/year)	۷
	Is this person registered with the U.S.	
	Citizenship and Immigration Services? O Yes O No	
	Immigrant registration number	
ļ.		
	Person 3: spouse, child, or other adult applying for benefits	
	Person 3: spouse, child, or other adult applying for benefits	
	Person 3: spouse, child, or other adult applying for benefits	_
	Person 3: spouse, child, or other adult applying for benefits	_
	Person 3: spouse, child, or other adult applying for benefits First name Middle name Last name	
Mark the henefits	Person 3: spouse, child, or other adult applying for benefits First name Middle name Last name Social Security number Birth date (month/day/year) If this person gets money from Social Security or railroad	
Mark the benefits Person 3 is applying for:	Person 3: spouse, child, or other adult applying for benefits 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 #]
Mark the benefits Person 3 is applying for: O Food Benefits (SNAP)	Person 3: spouse, child, or other adult applying for benefits First name Middle name Last name Social Security number Birth date (month/day/year) If this person gets money from Social Security or railroad	
Person 3 is applying for: O Food Benefits (SNAP) Cash Help for	Person 3: spouse, child, or other adult applying for benefits First name Middle name Last name Social Security number If this person gets money from Social Security or railroad retirement, list the number here: Married O Single O Divorced O Separated O Widowed Live in Texas? O Yes O N O Male O Female Hispanic or Latino?	
Person 3 is applying for: O Food Benefits (SNAP) Cash Help for Families (TANF):	Person 3: spouse, child, or other adult applying for benefits First name	
Person 3 is applying for: Food Benefits (SNAP) Cash Help for Families (TANF): TANF	Person 3: spouse, child, or other adult applying for benefits First name	
Person 3 is applying for: O Food Benefits (SNAP) Cash Help for Families (TANF):	Person 3: spouse, child, or other adult applying for benefits First name	0
Person 3 is applying for: Food Benefits (SNAP) Cash Help for Families (TANF): TANF One-Time TANF One-Time TANF Grandparent Health Care	Person 3: spouse, child, or other adult applying for benefits First name	0
Person 3 is applying for: Food Benefits (SNAP) Cash Help for Families (TANF): TANF One-Time TANF One-Time TANF Grandparent Health Care (Medicaid or CHIP) for:	Person 3: spouse, child, or other adult applying for benefits First name Middle name Last name Social Security number Birth date (month/day/year) If this person gets money from Social Security or railroad retirement, list the number here: Social Security claim # Railroad retirement # O Married O Single O Divorced O Separated O Widowed Live in Texas? O Yes O N Optional Questions Mark one or more: O American Indian or Alaska Native O Asian O Native Hawaiian or Pacific Islander O White Is this person going to school? O Yes O No If yes, is this person going full-time? O Yes O N Is this person a U.S. citizen? If no, give facts below. O Yes O N	0
Person 3 is applying for: Food Benefits (SNAP) Cash Help for Families (TANF): TANF One-Time TANF One-Time TANF Grandparent Health Care (Medicaid or CHIP) for: Children	Person 3: spouse, child, or other adult applying for benefits First name	0
Person 3 is applying for: Food Benefits (SNAP) Cash Help for Families (TANF): TANF One-Time TANF One-Time TANF Grandparent Health Care (Medicaid or CHIP) for: Children Adult Caring for a Child	Person 3: spouse, child, or other adult applying for benefits First name Middle name Last name Social Security number Birth date (month/day/year) If this person gets money from Social Security or railroad retirement, list the number here: Social Security claim # Railroad retirement # O Married O Single O Divorced O Separated O Widowed Live in Texas? O Yes O N Optional Questions Mark one or more: O American Indian or Alaska Native O Asian O Native Hawaiian or Pacific Islander O White Is this person going to school? O Yes O No If yes, is this person going full-time? O Yes O N Is this person a U.S. citizen? If no, give facts below. O Yes O N	0
Person 3 is applying for: Food Benefits (SNAP) Cash Help for Families (TANF): TANF One-Time TANF One-Time TANF Grandparent Health Care (Medicaid or CHIP) for: Children	Person 3: spouse, child, or other adult applying for benefits First name Middle name Last name	0
Person 3 is applying for: Food Benefits (SNAP) Cash Help for Families (TANF): TANF One-Time TANF One-Time TANF Grandparent Health Care (Medicaid or CHIP) for: Children Adult Caring for a Child	Person 3: spouse, child, or other adult applying for benefits First name	0
Person 3 is applying for: Food Benefits (SNAP) Cash Help for Families (TANF): TANF One-Time TANF One-Time TANF Grandparent Health Care (Medicaid or CHIP) for: Children Adult Caring for a Child	Person 3: spouse, child, or other adult applying for benefits First name Middle name Last name Social Security number Birth date (month/day/year) If this person gets money from Social Security or railroad retirement, list the number here: Social Security claim # Railroad retirement # O Married O Single O Divorced O Separated O Widowed Live in Texas? O Yes O N Optional Questions Mark one or more: O American Indian or Alaska Native O Asian O Native Hawaiian or Pacific Islander O White Is this person going to school? O Yes O No If yes, is this person going full-time? O Yes O N Is this person a U.S. citizen? If no, give facts below. O Yes O N	0
Person 3 is applying for: Food Benefits (SNAP) Cash Help for Families (TANF): TANF One-Time TANF One-Time TANF Grandparent Health Care (Medicaid or CHIP) for: Children Adult Caring for a Child	Person 3: spouse, child, or other adult applying for benefits First name Middle name Last name Social Security number Birth date (month/day/year) Mark one or more: OBlack or African-American OBlack or African-American OBlack or African-American ONative Hawaiian or Pacific Islander OWhite Is this person a U.S. citizen? If no, give facts below	0



Person 4: spouse, child, or other adult applying for benefits People First name Middle name Last name **Applying** for Benefits **Social Security number** Birth date (month/day/year) If this person gets money from Social Security or railroad Mark the benefits This person's relationship to you retirement, list the number here: Social Security claim # Railroad retirement # Person 4 is applying for: O Married O Single O Divorced O Separated O Widowed Live in Texas? O Yes O No ○ Food Benefits (SNAP) OMale OFemale Hispanic or Latino?..... O Yes O No Cash Help for **Optional** Families (TANF): Mark one or more: **Questions** O American Indian or Alaska Native O Asian O TANF O Black or African-American O Native Hawaiian or Pacific Islander O White One-Time TANF One-Time TANF Grandparent Is this person going to school? O Yes O No If yes, is this person going full-time? O Yes O No **Health Care** Is this person a U.S. citizen? If no, give facts below...... O Yes O No (Medicaid or CHIP) for: Children Adult Caring for a Child O Pregnant Women Date person entered the U.S. (month/day/year) If this person has a sponsor, write the sponsor's name. Is this person registered with the U.S. Citizenship and Immigration Services?... O Yes O No **Immigrant registration number Person 5:** spouse, child, or other adult applying for benefits Middle name First name Last name Social Security number **Birth date** (month/day/year) If this person gets money from Social Security or railroad Mark the benefits This person's relationship to you retirement, list the number here: Social Security claim # Railroad retirement # Person 5 is applying for: O Married O Single O Divorced O Separated O Widowed Live in Texas? O Yes O No Food Benefits (SNAP) Hispanic or Latino?..... O Yes O No OMale OFemale **Cash Help for Optional** Families (TANF): Mark one or more: **Questions** O American Indian or Alaska Native O TANF O Black or African-American O Native Hawaiian or Pacific Islander O White One-Time TANF One-Time TANF Grandparent Is this person going to school? O Yes O No If yes, is this person going full-time? O Yes O No **Health Care** Is this person a U.S. citizen? If no, give facts below...... O Yes O No (Medicaid or CHIP) for: Children Is this person a refugee or legally admitted immigrant?...... O Yes O No Adult Caring for a Child Pregnant Women **Date person entered the U.S.** (month/day/year) If this person has a sponsor, write the sponsor's name. Is this person registered with the U.S. Citizenship and Immigration Services?... O Yes O No **Immigrant registration number** If more than 5

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



More Facts About Children Age 18 or Younger

Section I

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

Time Saving Tip

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

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

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

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

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

	1	st child's name:	
	FATHER	Father's first and last name Father's Social Security number	Father's birth date () 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 mailing address City	State ZIP
		Mother's phone ()	Employer
		Mother is: O In home O Out of home O Deceased	
	7	Were these parents ever married to each other?	O Yes O No
	2:	nd child's name:	
	FATHER	Father's first and last name	Father's birth date () - Father's phone
		Father's mailing address City	State ZIP
		Father is: O In home O Out of home O Deceased	Employer
:	MOTHER	Mother's first and last name Mother's Social Security number	Mother's maiden name /
	MO		
		Mother's mailing address City	State ZIP
		Mother's phone ()	Employer
		Mother is: O In home O Out of home O Deceased	
	1	Were these parents ever married to each other?	O Yes O No



Section I

More Facts About Children Age 18 or Younger (continued)

3	3rd child's name:				
	Father's first and last name		Father's	/ birth date	/
~			() -	
FATHER	Father's Social Security number		Father's	phone	
ī					
	Father's mailing address	City		State	ZIP
	Father is: O In home O Out of home	Deceased	Employer		
	Mother's first and last name		Mathayl	s maiden name	
_	mother's first and last name		motner:	maiden name /	1
22	Mother's Social Security number		Mother	/ s birth date	1
MOTHER	Mother 3 Journal Jecurity Humber		Mother :	biitii date	
2	Mother's mailing address	City		State	ZIP
		·		3	
			Employer		
L	Mother is: O In home O Out of home				
	Were these parents ever married t	o each other!	•••••	••••••	O Yes O No
4	th child's name:				
4	tth child's name:				/
_	Ath child's name: Father's first and last name		Father's	/ birth date	/
	Father's first and last name		Father's	birth date	/
	Father's first and last name		Father's (Father's) -	/
EATHER	Father's first and last name Father's Social Security number		() - phone	/
	Father's first and last name Father's Social Security number Father's mailing address	City	() -	/
	Father's first and last name Father's Social Security number	·	() - phone	/
	Father's first and last name Father's Social Security number Father's mailing address	·	(Father's) - phone	/
	Father's first and last name Father's Social Security number Father's mailing address	·	Father's Employer) - phone	ZIP
	Father's first and last name Father's Social Security number Father's mailing address Father is:	·	Father's Employer	phone State	ZIP
EATHER	Father's first and last name Father's Social Security number Father's mailing address Father is:	·	Employer _	phone State	ZIP
EATHER	Father's first and last name Father's Social Security number Father's mailing address Father is:	·	Employer _	phone State s maiden name	ZIP
	Father's first and last name Father's Social Security number Father's mailing address Father is:	·	Employer _	phone State s maiden name	ZIP
EATHER	Father's first and last name Father's Social Security number Father's mailing address Father is:	Deceased	EmployerMother's	phone State Smaiden name birth date	/
EATHER	Father's first and last name Father's Social Security number Father's mailing address Father is: On home Out of home Mother's first and last name Mother's Social Security number	Deceased	Employer _	phone State Smaiden name birth date	/

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



Section J

Other People in the Home

These people live in my home, but they don't want to apply for benefits. List the birth date only if the person is your relative. Name Relationship to you Birth date (if relative) Relationship to you Birth date (if relative) Relationship to you Birth date (if relative) 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 ap	pplying fo	r benefits
-------------------	-----------	------------	------------

- 2. Is a child in the Children with Special Health Care Needs program? \bigcirc Yes \bigcirc No

If yes, who?

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

If yes, who? What tribe?

- 4. Is anyone an unaccompanied refugee minor?

 This means a person is: (1) not living with a relative,

 (2) age 18 or younger, and (3) a refugee.

 O Yes O No
 - If yes, who?

Section L

Other Facts

Other facts

1. Does anyone have a disability?..... O Yes O No

If yes, who?

2. Is anyone getting cash help, food or health-care benefits from another state?.....

If yes, who?	Which state?	When did that person l	ast get be	nefits?
			\	
benefits from another state?	•••••		O Yes	O No

Soci	عک اد	curity	/ nii	mber:



Section L

Other Facts (continued)

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





3	Has anyone: (1) been charged with or convicted of a felony and is fleeing the police, or (2) broken a rule of their probation or parole?	○ Yes	O No
	If yes, who?		
4	Has anyone been convicted of a felony for conduct that: (1) took place after August 22, 1996, and (2) involved illegal drugs?	○ Yes	O No
		\forall	
	If yes, who?		
5	 Is anyone living in a place of care such as: A homeless shelter. A shelter for battered women. A group home. 	○ Yes	O No
		*	
	If yes, who?		
6	 When people break program rules, they are sometimes "disqualified" from gettir People who are disqualified are sent a letter and told they can't get cash help (T or food benefits (SNAP). 		its.

benefits anywhere in the United States? O Yes O No

Is anyone living with you disqualified from getting cash help or food

Section M

Medical Facts

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





O	Other health insurance						
	Does anyone have health insurance other than Medicare, Medicaid, or CHIP? O Yes O No If yes, give facts below.						
	Name of insured person (first, middle, l	ast)		Insurance con	npany		
				/ /	/ /		
	Policy number		Cove	rage start date	Coverage end date		
	Type of coverage	\$ How much is the premium	1?	Who pays the	premium?		
	Name of insured person (first, middle, I	ast)		Insurance con	npany		
			/				
	Policy number		Cove	rage start date	e Coverage end date		
		\$					
	Type of coverage	How much is the premium	1?	Who pays the	premium?		

Social Security number:										
			-			-				



Section M

Medical Facts

(continued)

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





Medical bills from the past 3 months

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

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



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

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

Section N

Things Anyone is Paying for or Owns

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

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

V	ehicles		
•	oes anyone own or is anyone paying for a: car • truck • boat • motorcycle • other yes, give facts below.		O Yes O No
VEHICLE 1	Name of owner (first, middle, last)	Make / Model	Year
VEHI	Name of co-owner if also owned by someone outside the home O Vehicle is used for a person with a disability.	\$ Money still owed on ve	hicle
LE 2	Name of owner (first, middle, last)	Make / Model	Year
VEHICLE 2	Name of co-owner if also owned by someone outside the home O Vehicle is used for a person with a disability.	\$ Money still owed on ve	hicle
VEHICLE 3	Name of owner (first, middle, last)	Make / Model	Year
	Name of co-owner if also owned by someone outside the home O Vehicle is used for a person with a disability.	\$ Money still owed on ve	hicle





Section N

Things
Anyone is
Paying for
or Owns
(continued)

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

If you need more room, add more pages.

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

Money Coming into the Home

Money anyone might ge	t from other progr	ams
Is anyone waiting for an ansthe programs listed below? .		
If yes, mark the program any	one is waiting to hear	from.
Social Security (RSDI)Other disability	* *	* * * * * * * * * * * * * * * * * * * *
Name of person waiting for an ans	wer	Program name
Name of person waiting for an ans	wer	Program name

Social Security number:										
			_			-				



Section 0

Money Coming into the Home (continued)

N	Ioney from job	os				
				king for themself?		
	Name of person who	got money from a job	Hours work	\$ Amount paid	before taxes and deductions are taken	out
B 1	/ / Start date	Last payment date (m	onth/year)	How often are you paid? daily once a week every 2 weeks	twice a month once a month other:	
9	Is this person curre	ntly working at this j	ob?		O Yes O No	
	•	orking for themself? on or place that paid t			O Yes O No	
	ii iio, iist tiic peiso	in or place that paid t	me money.		\	
						_
				\$	before taxes and deductions are taken	out
	Name of person who	got money from a job	Hours work	red Amount paid How often are you paid?]
B 2	Start date	Last payment date (m	onth/year)	O daily O once a week every 2 weeks	twice a monthonce a monthother:	
읙	Is this person curre	ntly working at this j	ob?		OYes ONo	_
	•	<u> </u>			O Yes O No	
	if no, list the perso	n or place that paid t	ne money.		\	
						_
				\$	before taxes and deductions are taken	out
	Name of person who	got money from a job	Hours work			1
8 3	/ Start date	Last payment date (m	nonth/year)	How often are you paid? O daily O once a week every 2 weeks	twice a monthonce a monthother:	
PoB	Is this person curre	ntly working at this j	ob?		O Yes O No	_
					O Yes O No	
	If no, list the perso	n or place that paid t	the money.			



Section 0

Money
Coming into
the Home
(continued)

C	Other money		
		et, any of the types of money listed y anyone gets or might get soon.	below? O Yes O No
	 Supplemental Security Income (SSI). Social Security. Retirement benefits. Veterans benefits. Child support anyone gets. 	 Cash or gifts. Payments after being hurt at work (workers' compensation). Payments after losing a job (unemployment compensation). 	Loans paid to anyone on your case. Payments from private insurance. Payments to help with utilities. Rent paid to you. Other the facts below.
		\$	/
	Type of money (item you marked ab	ove) Amount you get paid	Last payment date (month/year)
PE			How often are you paid?
MONEY TYPE	Name of person getting this mone	v (if child support list child's name)	—
ION	Nume of person getting this mone	y (ii cinia support, list cinia s name)	O every 2 weeks
2			twice a month once a month
Г	Person, company, or agency payin	g the money	O other:
		Φ.	,
		ve) Amount you get paid	/
7	Type of money (item you marked abo	Last payment date (month/year)	
MONEY TYPE 2	Name of person getting this mone		How often are you paid? Odaily Once a week every 2 weeks twice a month once a month
	Person, company, or agency payin	g the money	O other:
		\$	/
_	Type of money (item you marked abo	ve) Amount you get paid	Last payment date (month/year)
PE		, , , ,	How often are you paid?
>			
>	Nome of management in a thickness of	(if shild account list shild/a mana)	O daily
ONEY T	Name of person getting this mone	y (if child support, list child's name)	O once a week every 2 weeks
MONEY TY	Name of person getting this mone	y (if child support, list child's name)	once a weekevery 2 weekstwice a month
MONEY T	Name of person getting this mone		O once a week every 2 weeks
MONEYT		g the money	○ once a week○ every 2 weeks○ twice a month○ once a month
	Person, company, or agency payin	g the money	once a week every 2 weeks twice a month once a month other:
		g the money	once a week every 2 weeks twice a month once a month other: Last payment date (month/year)
	Person, company, or agency payin Type of money (item you marked abo	ye) Amount you get paid	once a week every 2 weeks twice a month once a month other: Last payment date (month/year) How often are you paid? daily
	Person, company, or agency payin	ye) Amount you get paid	once a week every 2 weeks twice a month once a month other: Last payment date (month/year) How often are you paid? daily once a week every 2 weeks
MONEY TYPE 4 MONEY T	Person, company, or agency payin Type of money (item you marked abo	ye) Amount you get paid	once a week every 2 weeks twice a month once a month other: Last payment date (month/year) How often are you paid? daily



Housing Costs

This section is only for people applying for food benefits.



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

Housing costs									
1. Does anyone pay any of the costs listed below for the home they are living in? Or for a home they plan to return to? OYes ONo									
If yes, mark the costs they have and list the amount:	O Rent or home payment \$ O Tax on home \$ O Water and sewer \$ O Electricity \$	O Natural gas/propane \$ O Phone \$ O Home insurance \$ O Other \$							
2. Does another person r	not living in the home help anyor	e on your							

Section Q

Costs to Take Care of Others

(Costs	to	tak	e ca	re c	of c	oth	ers
•		w	uui	c cu	\cdot	\sim	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Does anyone have costs to take care of others? O Yes O No If yes, give facts below.

Examples:

case pay for housing costs? O Yes O No

- 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.

				How often paid?
				_ O daily
	Type of cost	First name of person	n who gets care or support	O once a week every 2 weeks
-		\$		O twice a month
OST	Who pays the cost?	Amount paid	Date last paid	once a month
ŭ	wild pays the cost:	Allioulit palu	vate iast paid	O other:
H			•	For court ordered child support
	Person or company that gets the m	oney (name, address, a	nd phone number)	list child who gets support
	. , ,	• • • • • • • • • • • • • • • • • • • •	'	(provide copy of court order)
				How often paid?
	Towns of sout	First war of a con-		O daily once a week
	Type of cost	First name of person	on who gets care or support	O every 2 weeks
T 2		\$		O twice a month
Sos	Who pays the cost?	Amount paid	Date last paid	O once a month
	This pays and tost	711110 and para	Just Just pulu	
				For court ordered child support
	Person or company that gets the m	oney (name, address, a	nd phone number)	list child who gets support (provide copy of court order)
				(provide copy of court order)
				How often poid?
				How often paid?
	Type of cost	First name of ners	on who gets care or support	_ ' .
m	Type of cost	φ	on who gets care or support	every 2 weeks
Ŀ		\$		twice a month once a month
COS	Who pays the cost?	Amount paid	Date last paid	other:
			_	For court ordered child support
		/ []		list child who gets support
	Person or company that gets the m	ioney (name, address, a	nd phone number)	(provide copy of court order)
				4

Social Security number:										
			-			-				



Section R Medical costs **Medical Costs** Does anyone age 60 or older, or anyone with a disability, pay medical costs? O Yes O No This section is only for people If yes, mark the type of costs they pay: applying for O Doctor O Hospital O Medicine O Health insurance food or health-care benefits. **Section S** People helping you People Did someone help you fill out this form?..... O Yes O No Helping If yes, tell us about that person: Y011 Name Relationship or organization **Phone Address Section T** Signing up to vote Signing Up Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. to Vote If you are not registered to vote where you live now, would (optional) you like to apply to register to vote here today? O Yes O 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 \Box Other Agency staff signature



Section U

A Person Who Can Act for You



Don't forget to sign page 18.

Person who has the right to act for you

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

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

Take any action needed for the application process. This includes appearing at	i i ii ioc decision						
• Take any action needed for you to get benefits. This includes reporting change	es.						
Do you want to give someone the right to act for you — to be your authorized representative?	○ Yes ○ No						
If yes, tell us about that person (the authorized representative):	\						
Name of person who you want to have the right to act for you.							
Address							
Phone							

Section V

Legal Information

Legal information

Your Right to be Treated Fairly

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

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

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

Citizenship and Immigration Status

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

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

Social Security Numbers

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

Social	Security	num	ber:
		1	



Section W

Statement of Understanding

Read Section W before signing page 18.

All Benefit Programs Facts HHSC Has About Me

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

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

Keeping My Facts Private

HHSC will keep my facts private if they were collected:

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

HHSC can share facts about me:

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

Cash Help for Families (TANF) Child Support or Alimony

I agree to:

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

The state will keep only the amount allowed by law.

If I Give False Information

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

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

Food Benefits (SNAP) Telling the Truth

Anyone who applies for or gets SNAP must:

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

Anyone who chooses not to tell the truth might:

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

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

Facts Anyone Tells or Gives HHSC

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

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

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

More on next page







Section W

Statement of Understanding

Medicaid

If I Give False Information

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

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

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

Giving Out Facts About Me

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

Medical and Child Support Payments

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

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

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

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

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

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

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

Did you...

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

By signing below, I agree:

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

My Answers Are True	I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution.								
Sign Here to Show You Agrees									
						/	/		
Sign here if you are applying for benefits. Or if you are the authorized representative.					Date				
						/	/	Τ	Τ
Sign here if you are a witness (only needed if the person above signed with an "X" or other mark).				mark).	Date				
Printed name of witness									
		()	-		/	/		
Sign here if you are a parent, guardian, You must give proof of this right.	or you have power of attorney.	Phone			Date				



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?

You can apply by filling out a form (H1010). To get a form, you can either: (a) call toll-free 2-1-1 (if you can't connect, call 1-877-541-7905), or (b) visit a Texas Health and Human Services Commission (HHSC) benefits office. To find an office near you, call 2-1-1.

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. 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).
- 2. 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).
- 3. If you get more SNAP benefits than you should, you must pay them back.
- 4. 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.
- 5. 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 also decide for how long.

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

Comisión de Salud y Servicios Humanos de Texas

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

Form H1805 Julio de 2011

¿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 debe.

¿Cómo recibo los beneficios del Programa SNAP?

Recibirá una tarjeta de plástico llamada la tarjeta Lone Star. Cada mes se cargará a la cuenta de la tarjeta Lone Star la cantidad de sus beneficios del Programa SNAP. Usará la tarjeta en la caja como una tarjeta de crédito. Para recibir ayuda con la tarjeta, llame al 1-800-777-7328 (gratis).

¿Puedo recibir beneficios del Programa SNAP?

Quizás pueda recibir beneficios del Programa SNAP si el dinero que recibe (los ingresos) y las cosas que le pertenecen están por debajo de un límite fijo. No se cuentan algunas pertenencias, 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 (gratis).

¿Por cuánto tiempo recibiré beneficios de comida del Programa SNAP?

Le enviaremos una carta diciéndole por cuánto tiempo puede cobrar beneficios. La mayoría de los adultos entre 18 y 50 años, sin hijos en la casa, puede recibir beneficios del Programa SNAP por solo 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. Puede ser que algunos no tengan que trabajar ni estar en un programa de trabajo para recibir beneficios, como las personas discapacitadas o las mujeres embarazadas.

¿Cómo solicito?

Puede hacerlo llenando una solicitud (Forma H1010s). Para obtener una solicitud: (a) llame gratis al 211 (si no puede comunicarse, llame al 1-877-541-7905), o (b) visite una oficina de beneficios de la Comisión de Salud y Servicios Humanos (HHSC) de Texas. Para encontrar una oficina cercana, llame al 211.

¿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 se pierde o le roban la tarjeta, usted tiene que llamarnos inmediatamente al 1-800-777-7328 (gratis). No le reembolsaremos por ningún beneficio del Programa SNAP usado 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: 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 la puede enviar 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 ayudarle.
- 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 211. Si no le dan la ayuda que necesita, también puede llamar a la Oficina del Ombudsman de la HHSC al 1-877-787-8999. Llamar a estos teléfonos es 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 prekinder hasta la preparatoria. Comuníquese con 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. 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 sigue 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).
- 2. Usted tiene que decirnos sobre cambios en su caso dentro de 10 días después del cambio. Le dimos una lista que muestra los cambios que necesitamos saber (vea la Forma H1019s, Informe de cambio).
- 3. Si recibe más beneficios del Programa SNAP de los que debería recibir, tiene que devolver el exceso.
- 4. 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.
- 5. Estas son las sanciones que sufrirán las personas que intencionalmente violan las reglas del Programa SNAP:
 - 1.a vez: No puede recibir beneficios del Programa SNAP por 1 año.
 - 2.a vez: No puede recibir beneficios del Programa SNAP por 2 años.
 - 3.a vez: Jamás volverá a recibir beneficios del Programa SNAP.

Si una corte decide que usted no puede recibir beneficios, la corte además decidirá por cuánto tiempo.