

Medicaid Buy-In Program

Health care for people with disabilities who work

The Medicaid Buy-In program offers all Medicaid health-care services — including community-based services. Some people must pay a monthly fee to be in this program.

This program is for people who:

- Have a physical, intellectual, developmental, or mental disability.
- Are working.
- Live in Texas.
- Don't live all the time in a nursing home, state hospital, or intermediate care facility for people with intellectual disabilities.

There might be a better form to use if you want Medicaid and any of these apply to you:

- You live all the time in a nursing home or other place of care. (Form H1200)
- You no longer get SSI because your Social Security amount went up. (Form H1200-EZ)
- You want to apply only for a Medicare Savings Program (helps pay Medicare costs such as premiums, co-pays, and deductibles). (Form H1200-EZ)
- You live all the time in a state supported living center or state hospital. (Form H1200-PFS)

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

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 other types of Medicaid. To get the form for that program, you can:

- Go to www.hhsc.state.tx.us click on "How to Get Help."
- Call 2-1-1 and ask to have Form H1200-MBIC mailed to you.
- Go to an HHSC 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 have a speech or hearing disability, call 7-1-1 or any relay service.



TEXAS

Health and Human
Services Commission

How to apply:

- Fill out the form.
- Sign and date page 16.
- Send "Items we need." See page C.
- If you need more room to answer questions, add more pages.
- Write your Social Security number on the bottom of each page. This will help us track your form.

You can fill in a PDF of this form on our website:

1. Go to www.hhsc.state.tx.us
2. Click on "How to get help."

After you type in your answers, print and sign the form.

Then you can fax, mail, or bring it in person to us.

How to send it in:

Mail

HHSC, PO Box 149024,
Austin, TX 78714-9024.

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.

Other Help and Legal Information

After we get your form:

If you can be in the program, we will send you a letter that will tell you:

- How much your cost will be (your premium).
- When your payment is due (usually the end of the month).
- When your benefits will begin.

Benefits begin when you pay your first premium.

Questions about this form or about benefits

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

After you pick a language, press 2.

- 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

Report waste, fraud, and abuse

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

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

To learn more, see page 16.

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 civil rights complaint.

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

- Mail: HHSC, Office of Civil Rights
701 W. 51st 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 have to give the citizenship or immigration status of only 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 need to give the Social Security numbers (SSNs) for only 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)

How to file a complaint

If you have a complaint, call 2-1-1 or 1-877-541-7905. If you still need help, call 1-877-787-8999.

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.

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

You must send copies of these items:

- **Social Security number** – Social Security card or statement.
- **Money from a job** – The last 6 pay stubs or paychecks, a statement from your employer, or self-employment records. If you haven't worked long enough to get 6 pay stubs, send all the pay stubs you have for that job.
- **Citizenship or immigration status** –
If a citizen: 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.)

If an immigrant: 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.)

Send copies of these items only if they apply to your case:

- **Proof of disability** – Medical records related to your disability from the past 12 months. If you don't have 12 months of records, send as many as you have.

You don't need to send proof of your disability if you get Retirement, Survivors, Disability Insurance (RSDI) or Social Security Disability Insurance (SSDI).

- **Legal representative** – Power of attorney papers, guardianship order, court order, or similar court documents.
- **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.
- **Stocks, bonds, trusts, annuities** – Trust agreement, annuity contract, stock certificate, bond instrument, or current statements.
- **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 you received this month and the past 3 months.
- **Real estate, homes, oil, gas, mineral rights** – Current tax statements, division orders, deeds, promissory or mortgage notes, 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.

Medicaid Buy-In Program

For people with disabilities who work

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

Fill in the circles (○) like this → ●.

Section A

Person applying for benefits

Fill out as much of the form as you can.

<input type="text"/>		<input type="text"/>	
First name		Middle name	
<input type="text"/>			
Last name			
Social Security number	<input type="text"/>	Birth date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> month day year
<input type="text"/>			
Mailing address			
<input type="text"/>		<input type="text"/>	<input type="text"/>
City		State	ZIP
<input type="text"/> () - <input type="text"/>		<input type="text"/> () - <input type="text"/>	
Home phone		Cell or daytime phone	
<input type="text"/>			
Home address			
<input type="text"/>		<input type="text"/>	<input type="text"/>
City		State	ZIP
County	<input type="text"/>	Email	<input type="text"/>
Live in Texas? <input type="radio"/> Yes <input type="radio"/> No		Plan to stay in Texas? <input type="radio"/> Yes <input type="radio"/> No	
If you get money from Social Security or railroad retirement, list the number.	<input type="text"/> Social Security claim number	<input type="text"/> Railroad retirement number	
Sex <input type="radio"/> Male <input type="radio"/> Female		Hispanic or Latino? <input type="radio"/> Yes <input type="radio"/> No	
Mark one or more:			
<input type="radio"/> American Indian or Alaska Native		<input type="radio"/> Asian	<input type="radio"/> Black or African-American
<input type="radio"/> Native Hawaiian or Pacific Islander		<input type="radio"/> White	
Mark one: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed			
Spouse's name <input type="text"/>			

Optional Questions

Agency Use Only

Date received: _____

Case/EDG number: _____

Section B

People helping you

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

That person can:

- Give and get facts for this application.
- Take any action needed for the application process. This includes appealing an HHSC decision.
- Take any action needed to enroll in Medicaid or CHIP. This includes picking a health plan.
- Take any action needed to get benefits. This includes reporting changes and renewing benefits.

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

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

Name

() - _____

Phone number

Address

- This person is your:
- Power of attorney
 - Court-appointed guardian
 - Other relationship: _____

Your authorized representative

If this person is filling out this application for you, they also must sign page 16.

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

Date

You, the person applying for benefits

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

Date

Social Security number:

| | | - | | - | | | | |

Section B

People helping you (continued)

Person helping you fill out this form

Is someone helping you fill out this form? Yes No
If yes, tell us about that person:

<input type="text"/>	<input type="text"/>
Name	Relationship or organization
<input type="text"/>	() -
Address	Phone number

Section C

Citizenship

Citizenship

Are you a U.S. citizen? Yes No
If yes, go to Section D.

If no, give facts below:

Are you a refugee or legally admitted immigrant? Yes No
Do you have a sponsor? Yes No

<input type="text"/>	
Sponsor's name	() -
<input type="text"/>	Sponsor's phone number
Sponsor's address	

Date you entered the U.S.

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
month		day		year			

Are you registered with the U.S. Citizenship and Immigration Services?..... Yes No

If yes, immigrant registration number:

Section D

Interview help

We might need to talk with you to get more facts

If we need to talk with you, do you want us to call you or do you want to come to our office? Call me Come to our office
If you want to come to our office, 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

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"/>
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Section E

Medical coverage

Medicare

Do you get Medicare? Yes No

If yes, what type? Part A Part B Part D

If yes, what is your Medicare premium (monthly cost)? \$

Other health insurance

Do you 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 name and address			Policy number		
	Coverage start date	Coverage end date	Type of coverage	How often is the premium paid?		
	\$			<input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Yearly		
	How much is the premium? Who pays the premium?			If yes, employer's name		
	Do you get this insurance through a job you have now or used to have? <input type="radio"/> Yes <input type="radio"/> No					

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

Other facts

1. Do you get Medicaid benefits from another state? Yes No

If yes, which state? _____ When did you last get benefits? _____

2. Do you 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.

Reminder:
 If you need more room, add more pages.

Social Security number:

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Section F

Things you are paying for or own (assets)

Reminder:
If you need more room, add more pages.

Things you are paying for or own

Give facts about items you are paying for or own.

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

ACCOUNT 1	<input type="text"/>	<input type="text"/>
	Account number	Names on account
	<input type="text"/>	\$ <input type="text"/>
	Bank or company name and address	Value
If you own this with someone else, tell us who. <input type="radio"/> Spouse <input type="radio"/> Other: <input type="text"/>		

ACCOUNT 2	<input type="text"/>	<input type="text"/>
	Account number	Names on account
	<input type="text"/>	\$ <input type="text"/>
	Bank or company name and address	Value
If you own this with someone else, tell us who. <input type="radio"/> Spouse <input type="radio"/> Other: <input type="text"/>		

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

ACCOUNT 1	<input type="text"/>	<input type="text"/>
	Account number	Names on account
	<input type="text"/>	\$ <input type="text"/>
	Bank or company name and address	Value
If you own this with someone else, tell us who. <input type="radio"/> Spouse <input type="radio"/> Other: <input type="text"/>		

ACCOUNT 2	<input type="text"/>	<input type="text"/>
	Account number	Names on account
	<input type="text"/>	\$ <input type="text"/>
	Bank or company name and address	Value
If you own this with someone else, tell us who. <input type="radio"/> Spouse <input type="radio"/> Other: <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"/>	<input type="text"/>
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Section F

Things you are paying for or own
(continued)

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

ACCOUNT 1	_____	_____	
	Account number	Names on account	
	_____	_____	\$
	Bank or company name and address		Value
	If you own this with someone else, tell us who. <input type="radio"/> Spouse <input type="radio"/> Other: _____		

ACCOUNT 2	_____	_____	
	Account number	Names on account	
	_____	_____	\$
	Bank or company name and address		Value
	If you own this with someone else, tell us who. <input type="radio"/> Spouse <input type="radio"/> Other: _____		

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

If you get Medicaid, the state of Texas becomes the remainder beneficiary of that annuity or similar type of investment.

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

ACCOUNT 1	_____	_____	
	Account number	Names on account	
	_____	_____	\$
	Bank or company name and address		Value
	If you own this with someone else, tell us who. <input type="radio"/> Spouse <input type="radio"/> Other: _____		
	If this is an annuity, is the state of Texas named the remainder beneficiary? <input type="radio"/> Yes <input type="radio"/> No		

ACCOUNT 2	_____	_____	
	Account number	Names on account	
	_____	_____	\$
	Bank or company name and address		Value
	If you own this with someone else, tell us who. <input type="radio"/> Spouse <input type="radio"/> Other: _____		
	If this is an annuity, is the state of Texas named the remainder beneficiary? <input type="radio"/> Yes <input type="radio"/> No		

Social Security number:

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Section F

Things you are paying for or own
(continued)

5. 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"/>
Account owner's name	Account number	Value
<input type="text"/>		
Bank or company name and address		

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

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

7. Do you have any cash on hand? Yes No
If yes, how much cash? **\$**

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

POLICY 1	<input type="text"/>	
	Insurance company name and address	
<input type="text"/>	\$ <input type="text"/>	
Policy number	Face value	
POLICY 2	<input type="text"/>	
	Insurance company name and address	
<input type="text"/>	\$ <input type="text"/>	
Policy number	Face value	

9. Do you have a burial space or plot? Yes No
If yes:

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Name of cemetery	Number of spaces	Value

Social Security number:

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

Things you are paying for or own
(continued)

10. Do you have a pre-need burial contract? Yes No
If yes:

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Funeral home name and address	Buyer or owner of contract	Value

11. Do you have promissory or mortgage notes? Yes No
If yes, are they: Negotiable Non-negotiable

\$

Value

If you own this with someone else, tell us who. Spouse Other:

12. Do you have any trusts? Yes No
If yes:

<input type="text"/>	\$ <input type="text"/>
What kind?	Value

If you own this with someone else, tell us who. Spouse Other:

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

VEHICLE 1

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Make / Model	Year	Value

If you own this with someone else, tell us who. Spouse Other:

VEHICLE 2

<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Make / Model	Year	Value

If you own this with someone else, tell us who. Spouse Other:

14. Do you have a home (including a mobile home)? Yes No
If yes:

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

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

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

If you own a home, don't forget to give us a copy of the latest tax statement.

Social Security number:

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

Things you are paying for or own (continued)

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

16. Do you own or share ownership of any other land, lots, or houses? Yes No
If yes:

ITEM 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address or location	Amount of land	Current value
If you own this with someone else, tell us who. <input type="radio"/> Spouse <input type="radio"/> Other: <input type="text"/>			

ITEM 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address or location	Amount of land	Current value
If you own this with someone else, tell us who. <input type="radio"/> Spouse <input type="radio"/> Other: <input type="text"/>			

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

ITEM 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address or location	Amount of land	Current value
If you own this with someone else, tell us who. <input type="radio"/> Spouse <input type="radio"/> Other: <input type="text"/>			

ITEM 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Address or location	Amount of land	Current value
If you own this with someone else, tell us who. <input type="radio"/> Spouse <input type="radio"/> Other: <input type="text"/>			

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

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

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

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

Social Security number:

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

Money coming into your home (income)

Money you 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:

- Social Security
- Supplemental Security Income (SSI)
- Veterans benefits
- Other benefits

Money from jobs

Did you get money in the past 3 months from: (a) working for someone else, (b) training, or (c) working for yourself? Yes No

If yes, give facts below:

JOB 1	<input style="width: 100%;" type="text"/> Hours worked	\$	<input style="width: 100%;" type="text"/> Amount paid	before taxes and deductions are taken out	<p>Are you still working at this job? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you on paid leave from this job? <input type="radio"/> Yes <input type="radio"/> No</p> <p>How often are you paid?</p> <p><input type="radio"/> Daily <input type="radio"/> Twice a month</p> <p><input type="radio"/> Once a week <input type="radio"/> Once a month</p> <p><input type="radio"/> Every 2 weeks <input type="radio"/> Other: _____</p>
	<input style="width: 100%;" type="text"/> Start date		<input style="width: 100%;" type="text"/> Last payment date (month/year)		
	Did you work for yourself? <input type="radio"/> Yes <input type="radio"/> No				
	<input style="width: 100%;" type="text"/> If no, list the person or place that paid the money.				
JOB 2	<input style="width: 100%;" type="text"/> Hours worked	\$	<input style="width: 100%;" type="text"/> Amount paid	before taxes and deductions are taken out	<p>Are you still working at this job? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you on paid leave from this job? <input type="radio"/> Yes <input type="radio"/> No</p> <p>How often are you paid?</p> <p><input type="radio"/> Daily <input type="radio"/> Twice a month</p> <p><input type="radio"/> Once a week <input type="radio"/> Once a month</p> <p><input type="radio"/> Every 2 weeks <input type="radio"/> Other: _____</p>
	<input style="width: 100%;" type="text"/> Start date		<input style="width: 100%;" type="text"/> Last payment date (month/year)		
	Did you work for yourself? <input type="radio"/> Yes <input type="radio"/> No				
	<input style="width: 100%;" type="text"/> If no, list the person or place that paid the money.				
JOB 3	<input style="width: 100%;" type="text"/> Hours worked	\$	<input style="width: 100%;" type="text"/> Amount paid	before taxes and deductions are taken out	<p>Are you still working at this job? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are you on paid leave from this job? <input type="radio"/> Yes <input type="radio"/> No</p> <p>How often are you paid?</p> <p><input type="radio"/> Daily <input type="radio"/> Twice a month</p> <p><input type="radio"/> Once a week <input type="radio"/> Once a month</p> <p><input type="radio"/> Every 2 weeks <input type="radio"/> Other: _____</p>
	<input style="width: 100%;" type="text"/> Start date		<input style="width: 100%;" type="text"/> Last payment date (month/year)		
	Did you work for yourself? <input type="radio"/> Yes <input type="radio"/> No				
	<input style="width: 100%;" type="text"/> If no, list the person or place that paid the money.				

Social Security number:

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Section H

Money coming into your home
(continued)

Other money

Give facts about other money you get.

1. Do you get Social Security? Yes No

If yes, what is the monthly amount? \$ _____

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

If yes, what is the monthly amount? \$ _____

3. Do you get veterans benefits? Yes No

If yes, what is the claim number? _____

If yes, what is the monthly amount? \$ _____

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.

Name

Service number

Service start date

Service end date

5. Do you get railroad retirement? Yes No

If yes, what is the monthly amount? \$ _____

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

_____ \$ _____

If yes, what is the claim number?

If yes, what is the monthly amount?

7. Do you get any other retirement income?..... Yes No

_____ \$ _____

If yes, what is the claim number?

If yes, what is the monthly amount?

Social Security number:

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Section H

Money coming into your home
(continued)

8. Do you have payments or annuities from private insurance? Yes No

<input type="text"/>	\$ <input type="text"/>
If yes, what is the company name?	If yes, what is the monthly amount?

9. Do you get interest from any of the following sources? Yes No

- checking account • savings account
- certificate of deposit (CD) • note payment • other

\$ <input type="text"/>	<input type="text"/>
If yes, what is the amount you get?	If yes, how often?

10. Do you get dividends from stocks, bonds, or insurance? Yes No

\$ <input type="text"/>	<input type="text"/>
If yes, what is the amount you get?	If yes, how often?

11. Does anyone pay you rent? Yes No

\$ <input type="text"/>	<input type="text"/>
If yes, what is the amount you get?	If yes, how often?

12. Do you get any money from leases or royalties from oil, gas, mineral, or surface rights? Yes No

If yes, write the name of the company that pays you.

\$ <input type="text"/>	<input type="text"/>
If yes, what is the amount you get?	If yes, how often?

13. Do you get any money from farming? Yes No

\$ <input type="text"/>
If yes, what is the amount you get?

14. Do you get the following types of money from anyone else or anywhere else? Yes No

- cash • gifts • payments you get for loaning money to someone else
- rent or bills paid for you • child support • training • other

If yes, what type of money do you get?

<input type="text"/>	\$ <input type="text"/>
If yes, who do you get the money from and why?	If yes, what is the amount you get?

Social Security number:

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

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 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:

Type of bill: Doctor Hospital Medicine 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 (assets) during those past 3 months.

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

Section J

Signing up to vote
(optional)

Signing up to vote

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

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

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

Agency Use Only: Voter Registration Status

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

_____ **Agency staff signature**

Social Security number:

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Section K

Statement of understanding

Read this section before signing.



Statement of understanding

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 Medicaid ID card.

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 keep only 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 am paying for or own, where I live, or insurance I have (including health insurance premiums).

Social Security number:

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Notice:

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

Medicaid Estate Recovery Program:

If you get certain Medicaid long-term care services and supports, 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) the first time you applied for certain Medicaid long-term services and supports was 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:

- To let HHSC and other state, federal, and local agencies check, share, and get facts about me, my spouse, or my sponsor.
- To let other people, businesses, and organizations share facts they have about me 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.

Did you...

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



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:

Person applying:

	/ /
Sign here	Date

Parent, guardian, authorized representative, court appointed administrator, executor, or power of attorney for the person applying:

	/ /		/ /
Sign here (You must give proof of this right)	Date	Sign here (You must give proof of this right)	Date

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

	/ /
Sign here	Date
Printed name of witness	



Ready to send this form to us? See "How to send it in" at the bottom of page A.

Social Security number:

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