TANF Grandparent Supplement Payment Request

Form H1082
November 2008

TEXAS Health and Human Services

TO: State Office (Y-922)
Data Integrity

FROM: Advisor		Mail Code
Area Code and Telephone No.	BJN	Emp. No.

The following household is eligible to receive a TANF Grandparent supplemental payment:

Case Number	Case Name	Benefit Effective
Client Address		

Grandparent Supplement Certified Group

Client No.	Client Name	Sex	Date of Birth	Social Security No.

Comments: _____

Signature – Advisor | Date | Signature – Supervisor | Date

Response From Data Integrity

Comments: _____

Name (please print)	Area Code and Telephone No.

Signature – Data Integrity Staff | Date