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.

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.

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.

TEAHS
Health and Human Services Commission
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.

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.

Don’t send this page with your form. Keep for your records.
Medicaid Buy-In Program
For people with disabilities who work

Application for benefits
Texas Health and Human Services Commission

Section A
Person applying for benefits
Fill out as much of the form as you can.

Optional Questions

Agency Use Only
Date received: ___________________________ Case/EDG number: ___________________________
### People helping you

**Section B**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone number</th>
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</table>

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
Person helping you fill out this form

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship or organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Phone number</th>
</tr>
</thead>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C

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

<table>
<thead>
<tr>
<th>Sponsor’s name</th>
<th>Sponsor’s phone number</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Sponsor’s address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Date you entered the U.S.

month  day  year

Are you registered with the U.S. Citizenship and Immigration Services? .........................  ○ Yes  ○ No
If yes, immigrant registration number:

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:
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:

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?
○ Monthly ○ Quarterly ○ Yearly
How much is the premium? How pays the premium?
Do you get this insurance through a job you have now or used to have? ................. ○ Yes ○ No
If yes, employer’s name

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?
○ Monthly ○ Quarterly ○ Yearly
How much is the premium? Who pays the premium?
Do you get this insurance through a job you have now or used to have? ................. ○ Yes ○ No
If yes, employer’s name

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.
### 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 number**
     - **Names on account**
     - **Bank or company name and address**
     - **Value**
   - **If you own this with someone else, tell us who.** **Spouse** **Other:**

2. **Do you have savings accounts?** ............................................................ **Yes** **No**
   - If yes, give facts below:
     - **Account number**
     - **Names on account**
     - **Bank or company name and address**
     - **Value**
   - **If you own this with someone else, tell us who.** **Spouse** **Other:**
### Section F

**Things you are paying for or own**

(continued)

3. **Do you have certificates of deposit (CDs), money market accounts, or IRAs?**
   
   If yes, give facts below:

<table>
<thead>
<tr>
<th>Account number</th>
<th>Names on account</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank or company name and address</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>If you own this with someone else, tell us who.</td>
<td>○ Spouse ○ Other:</td>
<td></td>
</tr>
</tbody>
</table>

ACCOUNT 1

4. **Do you have savings bonds, stocks, or annuities?**
   
   If yes, give facts below:

<table>
<thead>
<tr>
<th>Account number</th>
<th>Names on account</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank or company name and address</td>
<td>Value</td>
<td></td>
</tr>
<tr>
<td>If you own this with someone else, tell us who.</td>
<td>○ Spouse ○ Other:</td>
<td></td>
</tr>
<tr>
<td>If this is an annuity, is the state of Texas named the remainder beneficiary?</td>
<td>○ Yes ○ No</td>
<td></td>
</tr>
</tbody>
</table>

ACCOUNT 1

ACCOUNT 2

---

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.
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:

<table>
<thead>
<tr>
<th>Account owner's name</th>
<th>Account number</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

   Bank or company name and address

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

   Name and address of bank or company that keeps the safe deposit box

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
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</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Insurance company name and address</th>
<th>Policy number</th>
<th>Face value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Insurance company name and address</th>
<th>Policy number</th>
<th>Face value</th>
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<tbody>
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</table>

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

<table>
<thead>
<tr>
<th>Name of cemetery</th>
<th>Number of spaces</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
## Section F

**Things you are paying for or own**

### 10. Do you have a pre-need burial contract? .........................................................  ○ Yes  ○ No

| If yes: |
| --- | --- |
| **Funeral home name and address** | **Buyer or owner of contract** | **Value** |

### 11. Do you have promissory or mortgage notes? .........................................................  ○ Yes  ○ No

<table>
<thead>
<tr>
<th>If yes, are they:  ○ Negotiable  ○ Non-negotiable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value</strong></td>
</tr>
<tr>
<td><strong>If you own this with someone else, tell us who.</strong>  ○ Spouse  ○ Other:</td>
</tr>
</tbody>
</table>

### 12. Do you have any trusts? .................................................................  ○ Yes  ○ No

| If yes: |
| --- | --- |
| **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: |
| --- | --- | --- |
| **Make / Model** | **Year** | **Value** |
| **If you own this with someone else, tell us who.**  ○ Spouse  ○ Other: |

| VEHICLE 1 |
| --- | --- | --- |
| **Make / Model** | **Year** | **Value** |
| **If you own this with someone else, tell us who.**  ○ Spouse  ○ Other: |

| VEHICLE 2 |
| --- | --- | --- |
| **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: |
| --- | --- | --- |
| **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 |

- ○ No one lives there
- ○ Someone lives there and they pay rent
- ○ Someone lives there and they don’t pay rent
- ○ For sale

<table>
<thead>
<tr>
<th><strong>Mark all that apply to the home:</strong></th>
</tr>
</thead>
</table>

| If you own a home, don’t forget to give us a copy of the latest tax statement. |
### 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:**

<table>
<thead>
<tr>
<th>Address or location</th>
<th>Amount of land</th>
<th>Current value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Address or location</th>
<th>Amount of land</th>
<th>Current value</th>
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</table>

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

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

<table>
<thead>
<tr>
<th>Address or location</th>
<th>Amount of land</th>
<th>Current value</th>
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</thead>
<tbody>
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<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Address or location</th>
<th>Amount of land</th>
<th>Current value</th>
</tr>
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</table>

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

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

<table>
<thead>
<tr>
<th>livestock</th>
<th>Number</th>
<th>Current value</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>poultry</th>
<th>Number</th>
<th>Current value</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Current value</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Type</th>
<th>Current value</th>
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</table>
### Section F

**Things you are paying for or own (continued)**

20. Do you get any money or benefits now that you should have gotten in the past? .................................................................  ○ Yes  ○ No

Examples:
- You were awarded money from an estate 2 years ago, but you just started getting the money.
- You applied for SSI 3 years ago and they just decided that you should get benefits. You are now getting paid for benefits you should have gotten 3 years ago.

If yes:

<table>
<thead>
<tr>
<th>Type of money or benefits</th>
<th>Amount you were owed</th>
</tr>
</thead>
</table>

21. Do you have any personal property (fine china, silver, antiques, etc.)? Don’t list items you use for daily living needs. .................................  ○ Yes  ○ No

If yes:

<table>
<thead>
<tr>
<th>Item</th>
<th>Current value</th>
<th>Item</th>
<th>Current value</th>
</tr>
</thead>
</table>

22. Do you own or share ownership of anything not named in Section F? .................................  ○ Yes  ○ No

If yes:

<table>
<thead>
<tr>
<th>Item</th>
<th>Current value</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you own this with someone else, tell us who.   ○ Spouse ○ Other:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Current value</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you own this with someone else, tell us who.   ○ Spouse ○ Other:</td>
<td></td>
</tr>
</tbody>
</table>

### Section G

**Money or property you sold, traded, or gave away**

1. Did you give up the right to get any money (including income) or an inheritance? .................................................................  ○ Yes  ○ No

If yes, explain: _______________________________________

2. Did you reduce the amount of benefits you get from any source? ............  ○ Yes  ○ No

If yes, explain: _______________________________________
### 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
- $\text{Amount paid}$ before taxes and deductions are taken out
- Hours worked
- Start date
- Last payment date (month/year)
- Did you work for yourself? ........... ○ Yes ○ No
- If no, list the person or place that paid the money.

#### Job 2
- $\text{Amount paid}$ before taxes and deductions are taken out
- Hours worked
- Start date
- Last payment date (month/year)
- Did you work for yourself? ........... ○ Yes ○ No
- If no, list the person or place that paid the money.

#### Job 3
- $\text{Amount paid}$ before taxes and deductions are taken out
- Hours worked
- Start date
- Last payment date (month/year)
- Did you work for yourself? ........... ○ Yes ○ No
- If no, list the person or place that paid the money.
### Money coming into your home

#### 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?** $  

---

**Application for benefits**  
Texas Health and Human Services Commission

Social Security number: — — — — — — — — — — — — — — —

4/2015  
Page 12
## Money coming into your home (continued)

### Section H

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

<table>
<thead>
<tr>
<th>If yes, what is the company name?</th>
<th>$</th>
<th>If yes, what is the monthly amount?</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>$</th>
<th>If yes, what is the amount you get?</th>
<th>If yes, how often?</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>$</th>
<th>If yes, what is the amount you get?</th>
<th>If yes, how often?</th>
</tr>
</thead>
</table>

11. Does anyone pay you rent? ............................................................................  ○ Yes ○ No

<table>
<thead>
<tr>
<th>$</th>
<th>If yes, what is the amount you get?</th>
<th>If yes, how often?</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>If yes, write the name of the company that pays you.</th>
<th>$</th>
<th>If yes, what is the amount you get?</th>
<th>If yes, how often?</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>$</th>
<th>If yes, what is the amount you get?</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>If yes, what type of money do you get?</th>
<th>$</th>
<th>If yes, who do you get the money from and why?</th>
<th>If yes, what is the amount you get?</th>
</tr>
</thead>
</table>
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?.............  o Yes  o No
If yes, give facts below:

Type of bill:  oDoctor  oHospital  oMedicine  oOther

<table>
<thead>
<tr>
<th>Amount of bill</th>
<th>Amount paid</th>
<th>Date of service (mm/dd/yy)</th>
<th>Who provided the medical service?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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?.................................  o Yes  o No

Section J

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? ........................................  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  ☐ Agency transmitted  ☐ Mailed to client
☐ Client declined  ☐ Client to mail  ☐ Other

Agency staff signature

Social Security number:

Application for benefits
Texas Health and Human Services Commission
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 211 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).
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.

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.