



Sharing Facts About Me and My Case

Case Name	Case No. (if any)
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By signing this form, I understand _____ is helping me apply for HHSC benefits by allowing me to:

- use a computer that connects to the Texas Health and Human Services Commission’s (HHSC) Your Texas Benefits website. I can use this website to apply for HHSC benefit programs such as SNAP, TANF, Medicaid and the Children’s Health Insurance Program (CHIP).
- work with staff or volunteers who will help me understand and apply for HHSC benefits through the Your Texas Benefits website. I know that when I am applying through this website I may need to share facts about myself and my family, including facts about my health, with the agency listed above so they can help me fill out and submit the application form.
- use other equipment I may need to apply through the Your Texas Benefits website. This other equipment may be a printer, copy machine, fax machine, phone or paper scanner. I understand that by using these items I may need to share facts about my health and my case with staff or volunteers for the agency listed above.

I understand that the Community Partner agency listed above is acting on my behalf and is not acting on behalf of HHSC.

I know that I do not have to sign this form to:

- apply for HHSC benefits.
- be approved for HHSC benefits.
- get services through HHSC benefits.

However, I understand that to get help applying for HHSC benefits from the Community Partner agency listed above, I must understand what’s in this form and sign it.

My Signature

Date

Note: If you cannot sign your name, you must make a mark (X) and two witnesses to that mark must sign below. We can accept one witness signature in cases where it is not possible to get two witness signatures but you must document the reason in the case record.

Witness Signature

Date

Witness Signature

Date