



**TEXAS**  
Health and Human  
Services

Date

Eligibility Specialist

Office Address and Telephone No.

(Bank Name and Address)

Four empty rectangular boxes for bank name and address information.

**Request for Verification of Bank Accounts**

**This depositor is being considered for medical assistance. A signed authorization to release information is enclosed.**

Name of Depositor	Account No.
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**Comments:**

Large empty rectangular box with a dotted border for comments.

Please provide the requested information, as well as information about any additional accounts to which the individual has access, such as IRAs, CDs, and safety deposit boxes.

**PLEASE PROVIDE ALL BALANCES AS OF  
CLOSE OF BUSINESS ON THE FOLLOWING DATES:**

Three empty rectangular boxes for providing dates.

**FEDERAL TAX INFORMATION (Check the appropriate box.)**

Yes

No

THANK YOU for taking the time to complete all of the information on Page 2. Your help is greatly appreciated.

Telephone No. (incl. area code)

Signature—HHSC Staff

Date

**BANK REPRESENTATIVE—PLEASE COMPLETE AND RETURN PAGE 2**

**TO BE COMPLETED BY BANK REPRESENTATIVE**

Name of Depositor	Account No.
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ACCOUNT NUMBER	TYPE OF ACCOUNT	AUTHORIZED SIGNATURES	BALANCE AS OF (date)	INTEREST PAID		
				AMOUNT	DATE POSTED	HOW OFTEN POSTED?

Have any accounts been closed?  Yes  No If yes, complete the following:

Account Number(s):				
Closing Date:				
Closing Balance:	\$	\$	\$	\$

Bank Name	Bank Mailing Address
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Telephone No. (incl. area code)
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\_\_\_\_\_  
Signature—Bank Representative

\_\_\_\_\_  
Date

**Return Form To:**

Eligibility Specialist	Telephone No.	Fax No.
Address		