TEXAS Health and Human Services

Food Stamp E & T Information Transmittal

Form H1817
April 2006

To: (HHSC)	
Address	Mail Code

From: (Employment Contractor)	
Address	Mail Code

Case Name		Case No.
Client Name	Client SSN	Client No.

Part I – Message from Employment Contractor to HHSC Staff

☐ **Please reconsider this client's registration (see Comments).**

☐ **Client to receive _____UI each _____week(s), beginning _____**
(date)

☐ **Please provide the dates for which the client is certified to receive food stamp benefits.***

☐ **Client wishes to comply. An eligibility determination needs to be made.**

☐ **Case inquiry or other request (see Comments)**

Comments:

_____

_____

_____

_____

_____

_____

_____ _____
Signature – Employment Contractor Date

Part II – Message from HHSC Staff to Employment Contractor

***This client is certified to receive food stamps from _____through _____**
(month/year) (month/year)

Comments:

_____

_____

_____

_____

_____

_____

_____ _____
Signature – Eligibility Staff Date