HHSC -MIDLAND
P.O. BOX 14900 MIDLAND
TX 79711-4900

DATE: 2/02/2011

TEXAS
Health and Human Services

CASE NUMBER: 1223456789

Call: 2-1-1 toll-free (If you can't connect, call 1-877-541-7905).
Fax: 1-877-477-2839 toll-free.
Mail: HHSC, P.O. Box 14700, Midland, TX79711-4700

If you are deaf, hard of hearing, or speech impaired, you can call any number by calling 7-1-1 or 1800-735-2989.

To renew benefits go to www.yourtexasbenefits.com

FIRST LAST
APT 1238 12345
EXCHANGE AVE
AUSTIN TX 78754

Interview Notice

To find out if you can get benefits, we must talk with you about your case.

Interview Date: 01/12/2010, Tuesday **Time:** 09:00 a.m.

Place:

SUITE E 1601
RUTHERFORD LANE
AUSTIN 78754 -9904

If you miss this visit, your benefits might be DELAYED past the end of the month or you might not get benefits. To set up another visit call toll-free 2-1-1 or 1-877-541-7905 as soon as you can. Your benefits will end if we don't hear from you.

The benefits you are renewing have a check mark next to them:

☒SNAP Food Benefits ☐TANF Cash Assistance ☒ Health Care

SAMPLE

Items we need from you

Items we need from you: Bring or mail copies of the items that apply to your case.

- **Identity** (only for new people added to your case) -Current driver's license or Department of Public Safety ID card. If a person has the right to act for you (as an authorized representative), that person also needs to give proof of identity.
- **Social Security number** (only for new people added to your case) -A card or statement.
- **Bank accounts** -Most current statement for all accounts.
- **Proof of income** -Last 4 pay stubs or a statement from your employer, or self-employment records.
- **Social Security, Supplemental Security Income** (551), pension benefits, veteran benefits, workers compensation, and unemployment -Award letter or pay stubs.
- **Child support you get** -District clerk record or letter from the parent who pays showing how much was paid and when. Must show the name, address, phone number, signature, and date of the parent who pays.
- **Child support you pay** -Court papers that show what you must pay for child support. For example: divorce decree, court order or district clerk record.
- **Housing costs** (only if you are applying for SNAP) -Recent checks, check stubs, or statement from the mortgage bank or landlord. Most recent utility bills showing your name and current address.
- **Medical Costs** (only if you are applying for health care or SNAP): Proof of costs you have now and costs you expect to have in the future. You can send bills, receipts, or statements from health care providers (doctors, hospitals, drug stores, etc.).
- **Dependent care expenses** (only if you are applying for health care or SNAP) -Cancelled checks or receipts or a signed statement from the person you pay.
- **Health insurance** (only if: (1) it is new or has Changed since you last applied, and (2) you are applying for health care or TANF) -Copy of the front and back of the insurance card or policy.
- **Proof a child is related to you** (only for new children added to a TANF case) -Legal birth, hospital, or baptismal certification.
- **Proof of child lives with you** (only if you are applying for TANF) -A signed statement from your landlord or a non-relative neighbor that includes his or her name, address, and phone number.
- **Child Vaccines** (only if you are applying for TANF) -Vaccine records for each child.

SAMPLE