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EXECUTIVE COMMISSIONER

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To: Eligibility Services – Regional Directors
Program Managers
Eligibility Services Supervisors
Regional Attorneys
Hearings Officers

From: Stephanie Stephens, Director
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State Office 2115

Subject: 1. Updates to Authorized Representatives
2. Electronic Correspondence
3. Preferred Languages for Correspondence

This bulletin is being sent to supervisors and other regional managers. Supervisors must share this information with all Texas Works staff. Please ensure copies are provided to staff that do not have access to e-mail. If you have any questions regarding the policy information in this bulletin, follow regional procedures. Active bulletins are posted on the Texas Works Handbook (TWH) website at <http://www.dads.state.tx.us/handbooks/TexasWorks/>.

1. Updates to Authorized Representatives

Background

Changes were made to policy effective January 1, 2014 relating to authorized representatives (AR) as a result of federally-required changes to Medicaid and the Children's Health Insurance Program (CHIP) included in the Patient Protection and Affordable Care Act (Public Law 111-148) and the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), commonly referred to together as the Affordable Care Act (ACA). The ACA required states to expand the role of ARs and to require a client signature to designate an AR. HHSC is now aligning AR policy across all benefits programs and will allow one AR per case.

Policy Prior to January 1, 2014

If an individual designates an AR for his or her Medicaid or CHIP benefits, the AR is designated at the case level and has access to the individual's other benefit information. Organizations are not currently designated as ARs, except in the case of a volunteer agency for an individual certified for TP 02, Refugee Medical Assistance. If the individual chooses to designate an AR,

the individual must designate the AR on the signature page of Form H1010, Texas Works Application for Assistance - Your Texas Benefits, or Form H1014, Application for Children's Health Insurance Program, Children's Medicaid, and CHIP Perinatal Coverage, and the AR must sign the acknowledgement. The AR designation is effective from the date the AR signs the acknowledgement through the end of the certification period or periodic review.

Current Policy

Effective January 1, 2014, an individual is able to designate an individual or organization as an AR solely to have access to his or her Medicaid or CHIP benefit information. AR designation varies based on the method used:

- On the Form H1010, Texas Works Application for Assistance - Your Texas Benefits, an applicant can choose an AR per program: Medicaid/CHIP, the Supplemental Nutrition Assistance Program (SNAP), and/or Temporary Assistance for Needy Families (TANF).
- On the Form H1205, Texas Streamlined Application, on any of the available Marketplace applications, or through an account transfer, the AR designated only has access to Medicaid/CHIP benefit information.
- On the Self-Service Portal (SSP), the AR is designated at the case level for all benefit programs applied for through SSP.

The Medicaid AR is designated on the individual (or Eligibility Determination Group (EDG)) level for Medicaid or CHIP. If a Medicaid AR is designated for an individual, a case level AR on the case is not able to select plans on behalf of clients.

Note: Designating the Medicaid AR on the individual (or EDG) level for Medicaid or CHIP is done using the Alternate Payee fields in the eligibility system.

New Policy

This new policy applies to Medicaid, CHIP, MEPS, TANF, and SNAP. This does not apply to the Texas Women's Health Program.

An AR is designated at the case level to have access to all benefit information for that case. A verified AR may:

- Sign an application on an applicant's behalf.
- Complete and submit a renewal form.
- Receive copies of an applicant's/client's notices in the preferred language selected on the application, and other communications from HHSC.
- Designate a health plan.
- Act on behalf of an applicant's/client's behalf in all other matters with HHSC.

The client or AR may also request that the AR receive the client's Medicaid or CHIP ID card and enrollment-related agency correspondence.

A valid AR designation remains in place until:

- The client notifies HHSC that the AR is no longer authorized to act on his or her behalf.
- The AR notifies HHSC that they no longer wish to act as the client's AR. **Note:** The AR will not be able to do this during the redetermination process if the AR is completing the redetermination.
- There is a change in the legal authority (i.e., legal guardianship or power of attorney) on which the AR's designation is based.
- The client designates a new AR to act on their behalf. If there is an existing AR designated on a case, the individual or organization that the client most recently designated as the AR will replace the existing AR on the case.

Note: Notices ending the designation of the AR must include the client's or AR's signature as appropriate.

Verifying an AR

An AR must be verified using one of the following:

- Client's signature on one of the following HHSC applications for benefits containing the AR designation:
 - H1010, Texas Works Application for Assistance - Your Texas Benefits
 - H1010R, Your Texas Works Benefits: Renewal Form
 - H1014R, Renewing children's health-care benefits
 - H1034, Medicaid for Breast and Cervical Cancer
 - H1200, Application for Assistance - Your Texas Benefits
 - H1200-MBI, Application for Benefits - Medicaid Buy-In
 - H1200-MBIC, Application for Benefits - Medicaid Buy-In for Children
 - H1205, Texas Streamlined Application
 - H1206, Health-care Benefits Renewal Form
 - H1840, SNAP food benefits renewal form
 - H1841, SNAP-CAP Application
 - H1842, SNAP-CAP Renewal Application
 - H2340, Medicaid for Breast and Cervical Cancer — Renewal
 - H2340-OS, Medicaid for Breast and Cervical Cancer
- Client's signature on a Marketplace application for health care benefits that is transferred to HHSC.
- Legal documentation that the AR has authority to act on behalf of the client under state law (i.e., legal guardianship or power of attorney).
- Letter from a client designating AR authority and containing the client's signature, in addition to the name, address, and signature of the AR.
- Completed Form H1003, Appointment of an Authorized Representative. **Note:** This form previously was only used for Medicaid for the Elderly and People with Disabilities (MEPD) types of assistance. The form has been updated and can now be used to verify ARs for all benefit programs.
- Client's electronic signature designating the AR through their case account on an application, renewal, or reported change submitted through YourTexasBenefits.com.

If an individual or organization has submitted an application on behalf of a client and indicates that they wish to be the client's AR, and the client has not signed the application, then the AR must be verified before the client's eligibility for benefits can be determined. Correspondence

will be sent to both the unverified AR and the head of household on the case to request the verification.

- The head of household for the case will be sent:
 - Form H1020, Request for Missing Information, listing what missing information is needed before eligibility can be determined.
 - Form H1003, Appointment of an Authorized Representative, to capture the client's and AR's signature designating the AR.
- The AR will be sent:
 - Form H1004, Authorized Representative Cover Letter, to describe what is needed to verify the AR.
 - Form H1003, Appointment of an Authorized Representative, to capture the client's and AR's signature designating the AR.

In order for the AR to be verified, either the AR or the head of household will need to return the completed Form H1003 within 10 days in order for the application to be considered valid. If other missing information was listed on the H1020, Request for Missing Information, that was sent to the client, that information must also be returned timely. If the AR verification is not received by the due date, then the application is denied.

Alternate Payees

Policy regarding the alternate payee role for SNAP and TANF is not changing.

Effective January 1, 2014, a Medicaid AR could be designated on the individual level for Medicaid or CHIP by identifying the AR as an Alternate Payee. Effective April 4, 2015, an AR can no longer be designated at the individual level by using the alternative payee designation for most Medicaid and CHIP programs. The following programs are exceptions and will continue to have an individual (or EDG) level AR for Medicaid benefits using the Alternate Payee designation in the eligibility system:

- TA 41, Texas Women's Health Program
- TP 91, MA – Adoption Assistance – Federal Match – No Cash
- TP 92, MA – Adoption Assistance – Federal Match – With Cash
- TP 93, MA – Foster Care – Federal Match – No Cash
- TP 94, MA – Foster Care – Federal Match – With Cash
- TP 97, MA –Foster Care – No Federal Match – No Cash
- TP 98, MA –Foster Care – No Federal Match – With Cash

Automation

Case Level AR

On the **Household Authorized Representative** page, several new fields have been added to capture whether the AR is a special type and verification of the AR.

The field "Type of Authorized Representative" will be pre-populated based on the selection made in **Application Registration** or the Household Representative page in **Data Collection**. This allows advisors to indicate whether or not the AR is a legal guardian, power of attorney, or other designation.

Being a “special type of AR” allows an AR to perform additional responsibilities, such as receiving the client’s Medicaid or CHIP ID card and enrollment-related correspondence from HHSC. Choosing a special type of AR on this page will enable a new question: “Is the Medicaid ID card and other agency correspondence going to be sent to the authorized representative?” Advisors should select “Yes” only if the client or AR has requested to receive the Medicaid ID card and enrollment-related correspondence.

An AR who is a legal guardian or power of attorney must provide legal documentation indicating that they have this role for the client. If the AR is not a legal guardian or power of attorney, and the client wants the AR to receive the Medicaid or CHIP ID card and enrollment correspondence on behalf of the client, then advisors should indicate that the AR has the “other designation” as a special type of AR. Only a special type of AR can receive the Medicaid or CHIP ID card and enrollment correspondence.

This page will also indicate whether an AR has been verified. The possible selections include:

- Not Verified
- Form H1003
- Client signature on the application
- Legal Documentation
- Other acceptable

“Other acceptable” may include a letter of designation submitted by a client. However, such a letter must include all information required on Form H1003, Appointment of an Authorized Representative, including the client’s signature and the AR’s name, address, and signature.

Information Authorized Representative Household Navigator

Change Password Logout Help

Household Authorized Representative

Case Name: Case #: Case Mode: Change Action Case Status: Approved

Reset Previous Next

Self Service Change Request Information

Date Submitted	First	Middle	Last	Phone#
01/29/2013 10:00:00 AM	Test	Test	Test	

Self Service Redetermination Information

Date Submitted	First	Middle	Last	Phone#
01/29/2013 10:00:00 AM	Test	Test	Test	

Authorized Representative Information

Prefix: First: Middle: Last: Suffix:

Organization:

Authorized Representative Id Verification:

Authorized Representative Id:

Type of Authorized Representative: Is the Medicaid ID card and other agency correspondence going to be sent to the authorized representative?

Verification of Authorized Representative:

Address Information

Str. #: Fraction: Dir.:

Str. Name/Rural Addr: Str. Type: Dwelling Type: #:

Address Line 2: County: City:

State: Zip Code: -

Is address validation required? NO

Contact Information

Phone #: - -

Reset Previous Next

Account Transfers

ARs designated in an account transfer received from the Marketplace will be mapped to the **Household Authorized Representative** page in the eligibility system. If an organization is designated as an AR in an account transfer, it will be mapped to the "Organization" field in the **Household Authorized Representative** page along with at least the last name of an individual that works for the organization.

Clients may only designate one AR for their case. A client's application transferred from the Marketplace may designate an AR that is the same or different than the AR currently designated in the eligibility system.

If the client **does not** have an existing AR, the advisor should update the case information in the eligibility system to include the newly designated AR for the case.

If the client **does** have an existing AR and the AR designated on the Marketplace application is:

- The **same** individual or organization, then no additional action by the advisor must be taken.
- A **different** individual or organization, then the advisor must take the following steps:
 - Call the head of household for the case and ask him or her to specify which person should be designated AR for the case. Make two attempts at least 10 minutes apart to contact the client. Document the time and reason for each attempt in Case Comments.
 - If contact is made with the client, make sure to remind them that the AR they choose will have access to all EDGs on the client's case.
 - If no contact is made, pend the client requesting confirmation of the AR. Update the Form H1020 with the following text in the Other Comments text box:

"We have received your application from the Marketplace and you indicated you are designating [Name 1] to be the authorized representative. Currently, we have [Name 2] as your authorized representative designated for your SNAP, Medicaid, CHIP, TANF programs in your case. Please contact HHSC to confirm who you want as your designated authorized representative for your case by the due date."

If no response is received by the due date indicated on Form H1020, the advisor should not deny the EDG. The advisor must update the case in the eligibility system with the name of the individual that the client most recently designated as the AR.

Alternate Payees

Effective January 1, 2014, a Medicaid AR could be designated on the individual level for Medicaid or CHIP using the Alternate Payee fields in the eligibility system.

Effective April 4, 2015, this functionality will be disabled for all Medicaid and CHIP TOAs not listed in the [Alternate Payees](#) section. Advisors will no longer be able to use the **Alternate Payee** page to enter alternate payee or AR information into the eligibility system for most Medicaid programs and CHIP. The name of the case level AR can be found in the Authorized Representative field on the **Case/Application-Search/Summary** page in TIERS Inquiry.

Search/Summary Change Password Logo

Case/Application - Search/Summary ?

Case/Application/EDG Search Criteria

Case/Application #: EDG #: Reset Search

Case Summary Information

Case #:	<input type="text"/>	Case Name:	<input type="text"/>		
Case Status:	Approved	Case Mode:	Ongoing		
Current Residence County:	<input type="text"/>	Employee #:	TAA001	Mail Code:	<input type="text"/>
Case Residence Address:	<input type="text"/>	Home Phone#:	<input type="text"/>	Work Phone#:	<input type="text"/>
Case Mailing Address:	<input type="text"/>	Authorized Representative: Maria Garcia	Application Date:	<input type="text"/>	
Last Mass Update Date:	<input type="text"/>	Reason for Case Lock :	<input type="text"/>		

Effective Date

Changes to policy are effective April 4, 2015.

Handbook

Staff will be informed when the Texas Works Handbook is updated.

Training

AR training will be presented as part of web-based training in the following manner:

- For Lobby Computer Assistants, in Course R93-2A – Authorized Representative.
- For Texas Works Clerks, in Course R93-2B – Authorized Representative.
- For Texas Works Advisors, in Course R93-3A – Authorized Representative.

2. Electronic Correspondence

Background

Clients can choose to receive most eligibility forms and notices electronically rather than through the mail. This option is required by federal law under the ACA, and also aligns with OSS goals to empower client self-service.

Current Policy

Clients may choose to receive cell phone text message or email reminders from HHSC and view some forms through their YourTexasBenefits.com account. Clients do not have the option to turn off paper mailing of forms and notices.

Most forms and notices are sent to clients via the United States Postal Service. The only form not sent in the mail is the Form H1206, Health-Care Benefits Renewal, for Texas Works Medicaid and Children's Health Insurance Program (CHIP) types of assistance (TOAs). Clients can obtain a copy of this form through their case account on YourTexasBenefits.com, by calling 2-1-1 to request that a paper copy be mailed to them, or by visiting a local eligibility office to obtain a printed copy or help accessing the online renewal form via a lobby computer.

New Policy

The head of household and/or authorized representative (AR) for a case may each choose to receive most eligibility correspondence electronically rather than through the mail. By selecting this option, applicable forms are posted to the client's and/or AR's YourTexasBenefits.com account and the client and/or AR receives a cell phone text message or email reminder each time a new form has been posted to their account. Clients may print a copy of the correspondence from their account or request that a paper copy is mailed to them.

Once a head of household and/or AR has opted to receive electronic correspondence through their case account on YourTexasBenefits.com or by indicating that preference to staff through 2-1-1, a confirmation cell phone text message or email reminder will be sent to the client. The head of household and/or AR must enter the code provided in that confirmation message in their YourTexasBenefits.com case account in order to confirm their choice to receive electronic correspondence. Once confirmed, Form H1013, Electronic Correspondence Confirmation Letter, will automatically be mailed to the head of household and/or AR to further confirm the selection and to provide instructions about how to opt out of receiving electronic correspondence.

Alert Errors

If HHSC is unable to deliver eligibility correspondence electronically, the client is automatically unsubscribed from electronic correspondence. The eligibility system then automatically reprints and mails to the client a paper copy of the correspondence that failed to reach the client with the original generation date, attached to a Form H1015, Electronic Correspondence Failed Delivery. After a failed delivery of a text or email alert, the client will receive all correspondence through the mail. However, the client may opt to subscribe again to receive electronic correspondence and start over the confirmation process.

Types of Available Electronic Forms and Notices

The types of forms and notices that **are** available electronically include most forms that are sent to clients at a high frequency, including client reminder notices; notices of case action; HIPAA notices; requests for additional verification; renewal forms for Medicaid, CHIP, and SNAP; and Texas Health Steps forms. The following table lists all forms and notices that are available electronically for clients who opt to receive electronic correspondence.

Forms and Notices Available Electronically

Change of Address Cover letter for Form H0025

Client Reminder Notices

Earned Income Tax Credit Letter

FXX501, MAGI Addendum

General Cover Letter for Form H0025

H0003, Authorization to Furnish Information

H0050, Parent Profile Questionnaire

H0401, HIPAA Privacy Notice

H0403, HIPAA - Explanation of Health Information Privacy Rights

H1010-R, Your Texas Works Benefits: Renewal Form

H1014-A, Children's Health Care Benefits - Final Reminder

H1019, Report Of Change

H1020, Request for Information or Action

H1020-MA, Request for Information or Action for FS Missed Appointment

H1024, Self-Declaration Notice

H1026, Verification of Railroad Retirement Benefits

H1027-A, Medicaid Eligibility Verification

H1028, Employment Verification

H1036, Refugee Cash Assistance Verification Form

H1049, Client's Statement of Self-Employment Income

H1061, Birth Outcome Letter

H1062, Birth Outcome Reminder Letter

H1073, Personal Responsibility Agreement

H1086, School Attendance Verification

H1087, Verification of Texas Health Steps (THSteps) Checkup

H1088, Verification of Parenting Skills Training

H1106, Enumeration Referral

H1106-A, Proofs You Need to Apply for a Social Security Number Card

Forms and Notices Available Electronically

H1146-M, Medicaid Report

H1155, Request for Domicile Verification

H1204, Long Term Care Options

H1206-FFCC, Health-Care Benefits Renewal (for the Former Foster Care Children's program)

H1206-MA, Health-Care Benefits Renewal (for MAGI Medicaid)

H1206-MEPD, Health-Care Benefits Renewal (for MEPD)

H1206-MTFCY, Health-Care Benefits Renewal (for Medicaid for Transitioning Foster Care Youth)

H1211, It's Time to Renew Your Health-Care Benefits Cover Letter

H1214, Request for Pension Information

H1236, Notification Of Receipt Of Application

H1238, Verification of Insurance Policies

H1239, Request for Verification of Bank Accounts

H1240, Request for Information from Bureau of Veterans Affairs and Client's Authorization

H1242, Verification of Mineral Rights

H1247, Notice of Delay in Certification

H1278, Request for Patient Trust Fund Information

H1279, Spousal Impoverishment Notification

H1280, Statement of Residence Maintenance Needs

H1299, Request for Joint Bank Account Information

H1551, Treatment Verification Form – Medicaid for Breast and Cervical Cancer

H1712, Explanation of Child/Medical Support, Family Violence and Good Cause

H1805, SNAP Food Benefits: Your Rights and Program Rules

H1822, ABAWD E&T Work Requirement Verification

H1825, Entitlement to Restored Benefits

H1830-I, Interview Notice (Applications or Reviews)

H1830-R, Texas Works Renewal Notice

H1836A, Medical Release/Physician's Statement

H1836B, Medical Release/Physician's Statement

Forms and Notices Available Electronically

H1840, SNAP Food Benefits Renewal Form
H1840-A, SNAP SSI Recertification Notice
H1857, Landlord Verification
H1870, School Enrollment Verification Form
H2351-A, Child Support Declaration
H2355, IHFSP Physician Statement of Disability
H2588, Workforce Orientation Referral
H3034, Disability Determination Socio-Economic Report
H3035, Medical Information Release/Disability Determination
H3037, Report of Pregnancy
H3038, Emergency Medical Services Certification
H3038P, CHIP Perinatal - Emergency Medical Services Certification
H8001, Receipt Acknowledgment
HIPAA - Health Insurance Portability and Accountability Act
M5017, Documents to Send with Your Application
M5017, Documents to Send with Your Renewal Application
New Born Information
NOD003, Application Notice of Decision
TF0001, Notice of Case Action
TF0001F, FFCHE Notice of Case Action
TF0001-MBIC, Notice of Case Action
TF0001P, Provider Notice
Transitional Medicaid Reminder Notice

The types of forms and notices that **are not** available electronically (meaning that the client will continue to receive these through the mail) include most MEPD-related forms, all correspondence for the Texas Women's Health Program, renewal reminders for children, hearing notices, and requests for EBT cards or PINs.

Automation

The head of household and/or AR must subscribe before receiving forms and notices electronically. To do so, they must login to their case account on YourTexasBenefits.com, go to the **Manage Messages** page, and select “Online / paperless” in response to “Tell us how you would like to get letters and forms from us.”

The following table shows the manner in which correspondence is generated for clients based on the benefits they are receiving and the selections they have made in their case account on YourTexasBenefits.com.

	Default		“Tell us how you would like to get letters and forms from us.”			
			Client Selection: Online / Paperless		Client Selection: By Mail	
	General Notices	Medicaid/ CHIP Renewal Forms	General Notices	Medicaid/ CHIP Renewal Forms	General Notices	Medicaid/ CHIP Renewal Forms
Texas Works	Paper	Paper Cover Letter and Online Renewal Form	Online	Online	Paper	Paper Cover Letter and Paper Renewal Form
MEPD	Paper	Paper Cover Letter and Paper Renewal Form	Online	Online	Paper	Paper Cover Letter and Paper Renewal Form

Local office staff can also enter the client’s selection in the State Portal if the client indicates that they would like to receive electronic correspondence during an office visit.

Effective Date

Changes to policy are effective April 4, 2015.

Handbook

Staff will be informed when the Texas Works Handbook is updated.

Training

Training will be presented as part of web-based training in the following manner:

- For Lobby Computer Assistants, in Course R93-4A – Changes to Correspondence.
- For Texas Works Clerks, in Course R93-4B – Changes to Correspondence.
- For Texas Works Advisors, in Course R93-4C – Changes to Correspondence.

3. Preferred Language for Correspondence

Background

Clients can select to receive agency eligibility correspondence in their preferred language when available.

Current Policy

Clients have the ability to choose the language in which certain correspondence is generated from the eligibility system, including:

- English
- Spanish
- Both English and Spanish

Clients who select Vietnamese as their primary household language receive correspondence in English. Additionally, an advisor sends the head of household the Vietnamese Translation Interpreter Form, which directs clients to help for translating HHSC correspondence.

New Policy

Clients who select Vietnamese as their primary household language receive correspondence in English, and the eligibility system will automatically attach the Vietnamese Translation Interpreter Form, to the forms listed below.

Forms and Notices Available in a Client's Preferred Language

Change of Address Cover letter for Form H0025

Client Reminder Notices

Earned Income Tax Credit Letter

FXX501, MAGI Addendum

General Cover Letter for Form H0025

H0003, Authorization to Furnish Information

H0050, Parent Profile Questionnaire

H0401, HIPAA Privacy Notice

H0403, HIPAA - Explanation of Health Information Privacy Rights

H1010-R, Your Texas Works Benefits: Renewal Form

H1014-A, Children's Health Care Benefits - Final Reminder

H1019, Report Of Change

H1020, Request for Information or Action

Forms and Notices Available in a Client's Preferred Language

H1020-MA, Request for Information or Action for FS Missed Appointment

H1024, Self-Declaration Notice

H1026, Verification of Railroad Retirement Benefits

H1027-A, Medicaid Eligibility Verification

H1028, Employment Verification

H1036, Refugee Cash Assistance Verification Form

H1049, Client's Statement of Self-Employment Income

H1061, Birth Outcome Letter

H1062, Birth Outcome Reminder Letter

H1073, Personal Responsibility Agreement

H1086, School Attendance Verification

H1087, Verification of Texas Health Steps (THSteps) Checkup

H1088, Verification of Parenting Skills Training

H1106, Enumeration Referral

H1106-A, Proofs You Need to Apply for a Social Security Number Card

H1146-M, Medicaid Report

H1155, Request for Domicile Verification

H1204, Long Term Care Options

H1206-FFCC, Health-Care Benefits Renewal (for the Former Foster Care Children's program)

H1206-MA, Health-Care Benefits Renewal (for MAGI Medicaid)

H1206-MEPD, Health-Care Benefits Renewal (for MEPD)

H1206-MTFCY, Health-Care Benefits Renewal (for Medicaid for Transitioning Foster Care Youth)

H1211, It's Time to Renew Your Health-Care Benefits Cover Letter

H1214, Request for Pension Information

H1236, Notification Of Receipt Of Application

H1238, Verification of Insurance Policies

H1239, Request for Verification of Bank Accounts

H1240, Request for Information from Bureau of Veterans Affairs and Client's Authorization

Forms and Notices Available in a Client's Preferred Language

H1242, Verification of Mineral Rights

H1247, Notice of Delay in Certification

H1278, Request for Patient Trust Fund Information

H1279, Spousal Impoverishment Notification

H1280, Statement of Residence Maintenance Needs

H1299, Request for Joint Bank Account Information

H1551, Treatment Verification Form – Medicaid for Breast and Cervical Cancer

H1712, Explanation of Child/Medical Support, Family Violence and Good Cause

H1805, SNAP Food Benefits: Your Rights and Program Rules

H1822, ABAWD E&T Work Requirement Verification

H1825, Entitlement to Restored Benefits

H1830-I, Interview Notice (Applications or Reviews)

H1830-R, Texas Works Renewal Notice

H1836A, Medical Release/Physician's Statement

H1836B, Medical Release/Physician's Statement

H1840, SNAP Food Benefits Renewal Form

H1840-A, SNAP SSI Recertification Notice

H1857, Landlord Verification

H1870, School Enrollment Verification Form

H2351-A, Child Support Declaration

H2355, IHFSP Physician Statement of Disability

H2588, Workforce Orientation Referral

H3034, Disability Determination Socio-Economic Report

H3035, Medical Information Release/Disability Determination

H3037, Report of Pregnancy

H3038, Emergency Medical Services Certification

H3038P, CHIP Perinatal - Emergency Medical Services Certification

H8001, Receipt Acknowledgment

Forms and Notices Available in a Client's Preferred Language

HIPAA - Health Insurance Portability and Accountability Act

M5017, Documents to Send with Your Application

M5017, Documents to Send with Your Renewal Application

New Born Information

NOD003, Application Notice of Decision

TF0001, Notice of Case Action

TF0001F, FFCHE Notice of Case Action

TF0001-MBIC, Notice of Case Action

TF0001P, Provider Notice

Transitional Medicaid Reminder Notice

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- For Texas Works Clerks, in Course R93-4B – Changes to Correspondence.
- For Texas Works Advisors, in Course R93-4C – Changes to Correspondence.

For questions about how clients select their preferred correspondence language, refer to Course R92-D10 – Changes to YourTexasBenefits.com.