



TEXAS
Health and Human
Services Commission

Date

Eligibility Specialist

Office Address and Telephone No.

(Bank Name and Address)

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.
-------------------	-------------

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:**

--	--	--

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.
-------------------	-------------

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
-----------	----------------------

Telephone No. (incl. area code)

Signature—Bank Representative

Date

Return Form To:

Eligibility Specialist	Telephone No.	Fax No.
Address		