

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



TEXAS
Health and Human
Services Commission

CASE NO:

Call: 2-1-1 toll-free (If you can't connect, call 1-877-541-7905).

Fax: 1-877-447-2839 toll-free.

Mail: HHSC, P.O. Box 14700, Midland, TX 79711-4700

If you are deaf, hard of hearing, or speech impaired, you can call any number by calling 7-1-1 or 1-800-735-2989.

Sample

It is time to renew your benefits.

The benefits you need to renew have a check-mark next to them:

SNAP

TANF

Health Care

To renew your benefits:

Use the form that came with this letter: You can return it by mail (use the pre-paid envelope) or fax. The address and fax number listed above. Don't forget to sign the form.

Due dates:

You might not get benefits if: (1) We don't get your form by the date listed above, (2) you don't meet program rules, or (3) you don't give us all items we need from you (see below).

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.
- **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 (SSI), 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 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** – 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 of child related to you** (only if you are applying TANF) – Legal birth, hospital, or baptismal certification
- **Proof of child lives with you** (only if you are applying 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 TANF) – Vaccine records for each child.

Sample

Your Rights:

- Get an application when you ask for it and have someone help you complete it.
- Turn your application on the same day you get it as long as the name and address can be read and it has been signed.
- Have your eligibility decided within 45 days from the day you turn in your application (30 days for SNAP and Children's Medicaid Renewal).
- Get Medicaid coverage, if eligible, for three months before you applied for assistance.
- Ask for a conference with the supervisor of the worker you deal with.
- Have a fair hearing if you disagree with any action the department has taken or not taken in your case.
- Equal treatment from the department without regard to your race, color, religion, sex, age, national origin, political beliefs, or disability.

Additional SNAP Food Benefit Rights

In addition to your rights, which are listed on Form 1805, Explanation of SNAP Right and Responsibilities, you have the following rights:

- You or your authorized representative may file an application in person or by mail. To receive uninterrupted benefits, you must complete an interview and provide all required verifications.
- You may apply or reapply for food benefits at your SNAP office or Social Security office, if everyone in your household receives or is applying for SSI. If you have no one to represent you at your SNAP office, you may be interviewed at your home or by telephone.

If you believe any of these rights have been denied, you may call the toll-free Income Assistance hotline: 1-800-252-9330.