Texas Health and Human Services Commission

Disability Determination
Socio-Economic Report

Form H3034
December 2013-E

TO: Health and Human Services Commission
P.O Box 15100
Midland, TX 79711-5100

Please answer each question. This will help us process your case faster.

Case Identification

A.

Applicant Name (last, first, middle initial)				Social Security No.
Case No.	Date of Birth	Sex ☐ M ☐ F	Name of Spouse	☐ N/A
City/Town of Residence				

B.

Eligibility Specialist Name	Mail Code	Region	Telephone (include area code)	Extension

For Agency Use Only

C. Program

☐ **Prior Medical** ☐ **Emergency Medical Benefits** ☐ **SSI-Related MAO - Special Income Limit** ☐ **Waivers** ☐ **CAS**

☐ **MDCP** ☐ **CLASS** ☐ **HCS** ☐ **MBI** ☐ **MBIC** ☐ **Other (explain):** _____

D. Month needed for onset of eligibility: _____ Application Date: _____

E. Date Applied for SSA/SSI: _____ ☐ N/A Date became disabled: _____

F. What is your occupation (type of work you have done most of your life)?

G. What language(s) do you want us to use if we need to talk to you?

H. Name and location of the school you attended: _____

Graduate? ☐ **Yes** ☐ **No** Highest grade completed: _____

☐ College Graduate? ☐ **Yes** ☐ **No**

I. Comments about your disability: