



TEXAS Health and Human Services

Date:

Advisor:

Office Address and Phone No.:

(Name and Address of Client)

Request for Information or Action

Appointments

You have an appointment on _____ at _____,
Date Time Place

for the cases listed below. Please call us if you cannot keep this appointment.

You missed your appointment on _____ at _____.
Date Time Place

Please call your local office by _____ to schedule another appointment.

Includes Federal Tax Information

Information Needed

We need the items listed below, so we can find out if you can get benefits.

One way you can send us these items is by uploading your files on **YourTexasBenefits.com**. If you need help getting any of the items, call **2-1-1** or **877-541-7905**.

Please return the following by: _____.

If we do not receive the information or hear from you by the above date, it may be necessary to deny your case. We must receive all information necessary to make a final decision on your eligibility no later than _____.
Other

We have not completed your case because _____

We will complete your case by _____

SNAP Food Benefits Case No.:

TANF Case No.:

Medicaid Case No.: