



Fill out this form. Then mail it using the pre-paid envelope. If you need help filling out this form or have questions, call toll-free 2-1-1 or 1-877-541-7905 (after you pick a language, press 2).

Main contact (head of household)					
Name (first, middle, last)			Case number		
Home address — street and apartment number		City	State	ZIP	County
Mailing address (if different from home address)					
Phone number (do not leave blank) ( ) <input type="checkbox"/> Home <input type="checkbox"/> Someone else's phone where a message can be left				Best time to call	
If we need to talk to you on the phone, will you need an interpreter? We can get an interpreter at no cost to you. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language?					

**People applying for benefits, living in your home, helping with your case**

1. Tell us about everyone who is applying for benefits. (If you need more room, add another page.)

Name (first, middle, last)	How is this person related to the main contact?	Date of birth	Sex (optional)	Race (optional)	U.S. citizen?		Legal immigrant?		In school?		Social Security number
					Yes	No	Yes	No	Yes	No	
Main contact	Self				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Tell us about people who aren't applying for benefits, but who live in your home. (If you need more room, add another page.)

Name (first, middle, last)	How is this person related to the main contact?

3. Does anyone listed in Question 2 buy and cook their food separately from the people listed in Question 1? .....  Yes  No  
(Answer yes if they don't now, but plan to in the near future.)

4. If you want, you can give someone the right to act for you (an authorized representative).

That person can:

- Give and get facts for this application.
- Take any action needed for the application process. This includes appealing an HHSC decision.
- Take any action needed to enroll in Medicaid or CHIP. This includes picking a health plan.
- Take any action needed to get benefits. This includes reporting changes and renewing benefits.

You can have only one authorized representative for all your benefits from HHSC. If you want to change your authorized representative: (1) log in to your account on YourTexasBenefits.com and report a change, or (2) call 2-1-1 (after you pick a language, press 2). If you're a legally appointed representative for someone on this application, send proof with the application. Also, at the end of this form, that person will need to sign their name where it says "Person helping with this case (authorized representative) signature."

Do you want to give someone the right to act for you — to be your authorized representative? .....  Yes  No

Name	Address (street, city, state, ZIP)	Phone number
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**FOR AGENCY USE ONLY**

Status <input type="checkbox"/> App <input type="checkbox"/> Recert	App/Case No.	Received in Wrong Office	Mail Code	Date Received	Data Broker <input type="checkbox"/> Y <input type="checkbox"/> N	Screened By:
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5. When people break program rules, they are sometimes "disqualified" from getting benefits. People who are disqualified are sent a letter and told they can't get cash help (TANF) or food benefits (SNAP). Is anyone living in this home disqualified from getting cash help or food benefits anywhere in the United States?.....  Yes  No

If yes, who?

Name	Which state?	Begin date	End date

6. Has anyone been convicted of a felony that: (1) took place after Aug. 22, 1996, and (2) involved illegal drugs?.....  Yes  No

If yes, who?

7. Has anyone: (1) been charged with or convicted of a felony and is fleeing the police, or (2) broken a rule of their probation or parole? .....  Yes  No

If yes, who?

**Money coming into the home**

8. Did anyone in your home get money from job training or work?.....  Yes  No

If yes, tell us about each person who got this type of money:

Person working or in training	Address of employer or training place	Phone number of employer or training place	Number of hours per week	How often paid?					Amount paid (before taxes and deductions are taken out)
				Daily	Once a week	Every 2 weeks	2 times a month	Once a month	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9. Tell us about the type of money everyone in the home gets:

Type of money	Person who gets the money	Amount	How often paid?
SSI (Supplemental Security Income)			
Social Security			
Veteran's pension/compensation			
Railroad Retirement			
Other pensions			
Interest, rental income, dividends, royalties, child support			

10. Does anyone in the home get cash, gifts, loans or money from parents, relatives, friends or others (include cash from baby-sitting or selling cans)? .....  Yes  No

If yes, tell us: (1) type of money, (2) amount, (3) how often paid, (4) person who gets the money, and (5) person who pays the money:

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11. Does anyone in the home put money or other things they own into a Plan for Achieving Self-Support (PASS) account approved by the Social Security Administration? .....  Yes  No

If yes, send proof.

**Costs you pay**

12. Tell us about the bills everyone pays:

Costs	Total	Amount you pay	How often billed?
<b>Medical costs:</b> Does anyone spend more than \$35 each month on medical costs that: (1) are for a person with a disability or age 60 or older, <b>and</b> (2) are not paid by Medicaid, Medicare or other insurance? <b>If yes, send proof.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Rent			
Does anyone get Housing Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
House payment			
Property taxes			
Home insurance			
Loans			
Was your home used as collateral? <b>If yes, send proof.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Child support anyone pays			
<input type="checkbox"/> Gas <input type="checkbox"/> Butane or propane <input type="checkbox"/> Electricity <input type="checkbox"/> Water and sewage <input type="checkbox"/> Garbage <input type="checkbox"/> Phone			

13. Does any person, organization or agency help anyone on this case pay for the costs listed above (friends, relatives, churches, etc.)?.....  Yes  No  
**If yes, send proof.**

14. If you rent your home, are your heating or cooling costs included in your rent?.....  Yes  No  
**If yes, go to Question 16.**

15. How do you heat and cool your home?  
 Air conditioner       Electric heater       Gas heater       Wood burning stove

16. **Signing up to vote:**

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?** .....  Yes  No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Elections Division, Secretary of State, P.O. Box 12060, Austin, TX 78711. Phone: 1-800-252-8683.

**Agency Use Only: Voter Registration Status**

Already registered     Client declined     Agency transmitted     Client to mail     Mailed to client     Other: \_\_\_\_\_

Agency staff signature: \_\_\_\_\_

## Legal information

### Your right to be treated fairly:

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](http://www.fns.usda.gov/snap/contact_info/hotlines.htm) (click the link for a listing of hotline numbers by State); found online at [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

You also can contact the Texas HHSC Civil Rights Office. Write to: HHSC Office of Civil Rights, 701 W. 51st St., MC W206, Austin, Texas 78751. Or call toll-free 1-888-388-6332 or 1-877-432-7232 (TTY).

USDA is an equal opportunity provider and employer.

I agree to give HHSC any information necessary to prove statements about my eligibility. I agree that information provided in this application may be used to determine eligibility for myself and other household members for any program administered by HHSC. I will cooperate fully with state or federal personnel to get information from any source to prove the statements I made. I will cooperate fully with state or federal personnel in a quality control review and with Office of Inspector General staff.

I understand that HHSC may adjust my SNAP benefits without further notice because of a cost of living increase in my Social Security or SSI benefits.

### Social Security Numbers:

You only need to give the Social Security numbers (SSNs) for people who want benefits. Giving or applying for an SSN is voluntary; however, anyone who doesn't apply for an SSN or doesn't give an SSN can't get benefits. If you don't have an SSN, we can help you apply for one if you are a U.S. citizen or a legal immigrant. You must be a U.S. citizen or a legal immigrant to get an SSN. You can get benefits for your children if they have an SSN and you don't. We will not give SSNs to the Bureau of Immigration and Customs Enforcement. We will use SSNs to check the amount of money you get (income), if you can get benefits, and the amount of benefits you can get. (7 C.F.R 273.6)

## Statement of understanding

### Checking facts HHSC has about me:

I know that HHSC uses facts about people applying for benefits to decide: (1) who can get benefits, and (2) the amount of benefits. HHSC checks facts with the federal Income and Eligibility Verification System. If any facts don't match, HHSC will check other sources (banks, employers, etc.). If anyone applying for benefits has an immigration registration number, HHSC must check with the U.S. Citizenship and Immigration Services' (USCIS) system. HHSC will not give anyone's facts to USCIS.

In most cases, I can see and get facts HHSC has about me. This includes facts I give HHSC and facts HHSC gets from other sources (medical records, employment records, etc.). I might have to pay to get a copy of these facts. I can ask HHSC to fix anything that is wrong. I do not have to pay to fix a mistake. To ask for a copy or to fix a mistake, I can call 2-1-1 or my local HHSC benefits office.

### Telling the truth about my case:

I know that anyone who applies for or gets SNAP must:

- Tell the truth.
- Never trade or sell SNAP benefits, Lone Star Cards or other devices that allow people to get SNAP.
- Never use or have Lone Star Cards or other devices if they don't belong to them.

### Anyone who chooses not to tell the truth might:

- Not get SNAP for a year or more.
- Be fined up to \$250,000, jailed up to 20 years, or both.
- Lose income tax refunds.
- Be charged with other crimes.
- Have to repay benefits.
- Never get SNAP again.

The same is true if anyone lets someone else use their Lone Star Card.

### Reporting changes to my case:

I know that I must report all changes to my case within 10 days of knowing about the change. Changes that must be reported include: (1) my address, (2) money anyone on my case gets (income), (3) costs anyone on my case pays (expenses), (4) things anyone on my case is paying for or owns (resources), and (5) people living in the home.

### Getting Social Security or SSI:

I know that my SNAP benefit amount might change without notice if my Social Security or Supplemental Security Insurance (SSI) amounts change.

