



Texas Women's Health Program Application Form

The Texas Women's Health Program provides an annual exam, health screenings, treatment for certain sexually transmitted diseases, and birth control for 12 months.



Fill in facts about yourself – the woman who is applying for benefits.

First Name	Last Name	MI	Date of Birth (mm/dd/yyyy)	Social Security number	Agency Use Only Date Received
Home Address – Street		City		ZIP Code	County
		, Texas			

Fill in a mailing address below if it's different from your home address. If you fill in a mailing address, we will send letters about your case there and not to your home.

Mailing Address – Street	City	State	ZIP Code	County
Phone number we can call if we need to talk about your case or coverage. Area code and phone number		Driver's License or ID number	Ethnicity (optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic	

If you're not Hispanic, what race are you? (You don't have to answer.)

American Indian/Alaska Native Black/African American White Asian Native Hawaiian/Pacific Islander Unknown

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give proof)	Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a legal immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give proof)	Have you: (1) had a sterilization procedure (like a tubal ligation or Essure) and (2) are you now sterile? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your home get WIC benefits right now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give proof)	

Do you have health insurance that covers family planning services? Yes No

- If yes:** If we file a claim on your health insurance, will it cause you physical, emotional or other harm from your spouse, parents or other person? Yes No
 - If yes:** Tell us why filing a claim with your health insurance would cause you harm. If you need to use extra pages, make sure each page has your name and Social Security number.

Do you have CHIP or Medicare Part A or B? Yes No

Tell us about everyone who lives in your home.
Do not re-enter facts about the woman listed above. Use extra pages if you run out of space.

Name (First, Last, MI)	Date of Birth (mm/dd/yyyy)	Social Security number*	Sex*	Race*	Relationship to you

Tell us about the money coming into your home (income). Be sure to tell us about (1) money everyone gets from training or work; (2) cash, gifts, loans or money from parents, relatives or others; (3) child support; and (4) unemployment or government checks. You need to give proof of the money each person gets.

Name of person who gets the money	Name of employer, person or agency that gives or pays the money	How often is the money given or paid? (every week, every other week, twice per month, every month)	Amount paid or given

Tell us about costs everyone in your home pays for: (1) day care for children and adults, alimony, (2) court-ordered child support, or (3) getting your children to and from day care. You need to give proof of the money you pay for these costs.

How much do you pay?	How often do you pay? (every week, every other week, twice a month, every month)	Name, address and phone number of person you pay

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.

The facts you provide in connection with this application may be checked by the Texas Health and Human Services Commission (HHSC) and other state agencies. By signing this, you agree that the facts you have given may be used to determine if you qualify for the Texas Women's Health Program, run by HHSC.

"I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution. I understand that this is application is not used to determine if I qualify for Medicaid, but I can apply for Medicaid at any time."

_____	_____	_____	_____
Signature — Applicant	Date Signed	Signature — Witness (Required if applicant signed with an "X")	Date Signed



Agency Use Only: Voter Registration Status

Already registered Client declined Agency transmitted Client to mail Mailed to client Other

Agency staff signature: _____

Citizenship: To show proof of U.S. citizenship you can send copies of 1) a U.S. passport, 2) a Certificate of Naturalization or 3) a Certificate of U.S. Citizenship. If you do not have one of those, you can send us copies of a birth certificate and current driver's license with photo or I.D. card with photo. For people born in Texas, we may be able to get the birth certificate electronically and you will not need to provide it. Call 2-1-1 to learn about other documents that are accepted as proof of citizenship. You do not have to prove citizenship for anyone living in your home who is not asking for benefits.

Immigration: You can send us copies of one of the following to show proof of immigration status: 1) an alien registration card or 2) a document from the Bureau for Citizenship and Immigration Services (formerly INS).

You do not have to give us facts about immigration status for anyone living in your home who is not asking for benefits. You can apply and get benefits for eligible family members, even if you have people living in your home who are not eligible because of immigration status. If you or members of your family use Medicaid, the Children's Health Insurance Program (CHIP) or food stamps, it will not affect you or your family members' immigration status or ability to get a green card. If you or your family members use long-term institutional care, such as a nursing home, immigration status could be affected. Talk to an agency that helps immigrants with legal questions before you apply. Refugees and people granted asylum can use any benefits, including cash assistance, without hurting their chances of getting a green card or U.S. citizenship.

* **Social Security numbers:** You only need to give us Social Security number (SSN) for the person who is applying for benefits. If you do not have an SSN, we can help you apply for one. Before you can get benefits, you must give us your SSN or be applying for one. 42 U.S.C. §405(a)(2)(C)(i) authorizes us to require SSNs from the people applying for benefits under the Texas Women's Health Program.

We will not share your SSN with the Bureau of Citizenship and Immigration Service (formerly INS). You will not have to provide a SSN for anyone living in your home who is not asking for benefits.

We use SSNs to check the amount of money you get (your income) and the income of people living in your home. We also use these numbers to verify facts about you through other agencies (such as the Texas Workforce Commission, the Social Security Administration, the Internal Revenue Service, credit reporting agencies), and to get back benefits you were not supposed to get. We may also share SSNs with phone and electric utility companies to help them find out if they can lower your bills. We also may share SSNs with other groups to see if you can get other benefits based on need.

* **Race, ethnicity and sex:** We ask you to tell us about your race/ethnic background and sex but you do not have to give those facts to us. The same goes for people living in your home. We use those facts to make sure we provide benefits without regard to race, color or national origin. Whether you give us those facts or not, it will not affect our decision on whether you can get benefits or how much you get in benefits.

Discrimination: In accordance with state law and regulation, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, or religion. If you feel you have been discriminated against, you may contact HHSC Civil Rights by writing to:

HHSC, Director, HHSC Civil Rights Office
701 W. 51st St., Suite 104, MC W-206
Austin, TX, 78751

Or you can fax your letter to the HHSC Civil Rights Office at 1-512- 438-5885.

Or you can call 1-888-388-6332 (voice) or 1-512- 438-2960 (TDD).

WIC: Documents we accept as proof of receiving WIC include 1) WIC Verification of Certification letter or 2) active WIC voucher/EBT Shopping List.

Money everyone in your home gets (income) - send proof such as:

- Pay stubs.
- Copy of checks.
- Statement from employer.
- Self-employment records.
- Statement from the person who gives the money. The statement should include that person's name, address, phone number, signature, and date.

Costs everyone in your home pays - send proof such as:

- Copies of checks.
- Check stubs.
- Statement from the person you pay. The statement should include that person's name, address, phone number, signature, date, and when and how often you pay.
- Copy of district clerk record.

Questions: Call us toll free at 2-1-1 or 1-877-541-7905.

Copy all items of proof and fax them with the front page of this form to 1-866-993-9971 (toll-free).