Texas Health and Human Services Commission

Form H1087
November 2007

Verification of Texas Health Steps (THSteps) Checkup

From: Texas Works Advisor	Telephone No.	Fax No.	Date
Office Address		Fax to THSteps **512-533-3867 or 512-533-3869**	
From: THSteps Staff	Telephone No.	Fax No. 512-533-3867	Date
To: THSteps Regional Coordinator	Telephone No.	Fax No.	

Case Name	Case No.
Address	Telephone No.

This household is applying for assistance from the Texas Health and Human Services Commission. According to the TMHP paid claims system, the following child(ren) is (are) overdue:

1. Name of Child (Last, First, MI)	Date of Birth	Client No.

☐ **The caretaker states that this child received a THSteps checkup from:** _____ **on** _____
(provider's name and phone number) (date)

Please provide additional information that could assist with the THSteps checkup verification:

_____

Reply From THSteps Worker: (please sign below) ☐ **THSteps Checkup Verified** ☐ **Client Initiated Contact**

Comments: _____

_____

_____

2. Name of Child (Last, First, MI)	Date of Birth	Client No.

☐ **The caretaker states that this child received a THSteps checkup from:** _____ **on** _____
(provider's name and phone number) (date)

Please provide additional information that could assist with the THSteps checkup verification:

_____

Reply From THSteps Worker: (please sign below) ☐ **THSteps Checkup Verified** ☐ **Client Initiated Contact**

Comments: _____

_____

_____

_____ _____ Telephone No.

Signature – THSteps Worker Date

I hereby give my permission to release the information requested on this form.

Por este medio doy permiso para divulgar la información que se pide en esta forma.

_____ _____

Signature – Parent/Firma – Padre o Madre **Date**/Fecha