



TEXAS Health and Human Services

Date	Case Record No.
Office Address	
Area Code and Phone No.	

County Indigent Health Care Program (CIHCP) **Request of Information**

Your application for assistance is **not** complete. To determine your eligibility, we need the following additional information. **Only the checked boxes apply to you.**

- | | |
|--|--|
| <input type="checkbox"/> Mail Addressed to You or Another Household Member | <input type="checkbox"/> Federal Income Tax Return |
| <input type="checkbox"/> Texas Driver License or Other Official Identification | <input type="checkbox"/> Self-Employment Bookkeeping, Sales and Expenditure Records |
| <input type="checkbox"/> Voter Registration Card | <input type="checkbox"/> Social Security Award Letter, Check or Denial Notice |
| <input type="checkbox"/> Automobile Registration | <input type="checkbox"/> Disability Insurance Award Letter or Check |
| <input type="checkbox"/> Notice of Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) or Medicaid Benefits | <input type="checkbox"/> Unemployment Compensation Award Letter or Check |
| <input type="checkbox"/> Checking Account Statement | <input type="checkbox"/> Veterans Affairs Award Letter or Check |
| <input type="checkbox"/> Savings Account Statement | <input type="checkbox"/> Workers' Compensation Award Letter or Check |
| <input type="checkbox"/> Paycheck or Paycheck Stubs | <input type="checkbox"/> Verification of Application for Social Security or Supplemental Security Income (SSI) |
| <input type="checkbox"/> Earnings Statement from Employer | <input type="checkbox"/> Verification of Application for Other Assistance Programs |
| <input type="checkbox"/> Other Items Listed Below | |

Please return the items checked above by _____ .

A decision about your eligibility will be made no later than 14 days after your application is completed, including all requested information. If we do not receive the information and you do not contact me, I assume that you do not want assistance. Call me if you have any questions.

Staff Signature

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