

## What to bring to your appointment:

### What to bring:

Please bring printed documents or your email login information to access the documents.

If you do not have all the documents listed below, we can still help though we may not be able to submit the application at the time of the appointment.

1. **Your Texas Benefits username and password** (if you already have a Your Texas Benefits account)
2. **Your Medicaid ID, Case ID, or any case number linked to any Medicaid, SNAP, or CHIP** application if you have one, any recent letters or notices received from HHSC
3. **A valid photo ID for you** (and anyone in your household)
4. **Social Security Card** (for anyone in the household who has one)
5. **Immigration Status** (Resident card or papers from USCIS)
6. **Proof of income from your job** (last 3 paystubs, statement from employer, or self-employment records)
  1. **For self-employed clients:** [complete the self-employment form](#), bring most recent tax forms
  2. **For client paid in cash:** employer can provide a written statement stating the hours, pay, and employment type signed with their contact information, or complete the [Employment Verification Form \(H1028\)](#)
7. **Bank Accounts:** most current statement from all accounts
8. **Rent or Mortgage costs:** lease, statement from mortgage bank or landlord, recent checks
  1. If you don't have a formal lease or a living with a friend/family member, please have them provide a letter stating that you live there, the address, how long you've lived there, how much you pay for rent and have them sign and date the letter
9. **Residence:** (proof you live in Texas -utility bill, driver's license, letter from landlord)
10. **Dependent care expenses:** receipts or signed statement for anyone you pay for childcare
11. **Child support anyone pays:** court papers showing how much you pay
12. **Child support anyone gets:** district court letter or signed paper showing how much you receive
13. **Proof of Pregnancy (if applicable):** letter from a Medical professional confirming pregnancy
14. **Medical cost:** – Bills or statements from health-care providers (doctors, drug stores, etc.) from the past 3 months. Only if you **haven't** already paid for these services.

## Que traer para su cita:

### Que traer:

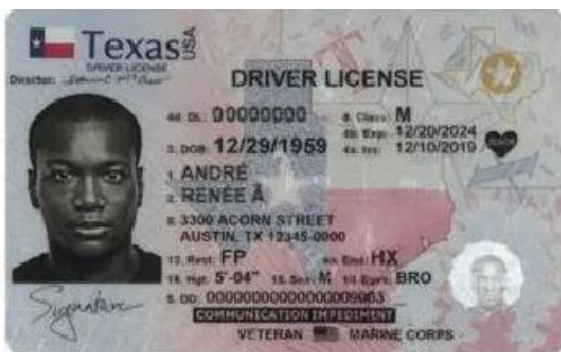
Traiga documentos impresos o su información de inicio de sesión de correo electrónico para acceder a los documentos. Si no tiene todos los documentos que se enumeran a continuación, aún podemos ayudarlo, aunque es posible que no podamos enviar la solicitud en el momento de la cita.

1. **Su nombre de usuario y contraseña de Beneficios de Texas** (si ya tiene una cuenta de Your Texas Benefits)
2. **Su identificación de Medicaid, identificación de caso o cualquier número de caso vinculado a cualquier Medicaid, SNAP o CHIP aplicación** (si tiene una o cartas de HHSC sobre su caso)
3. **Una identificación con fotografía válida para usted** (y cualquier persona en su hogar)
4. **Tarjeta de Seguro Social** (Para cualquier persona en el hogar)
5. **Estado migratorio** (Tarjeta de residente o papeles de USCIS)
6. **Comprobante de ingresos de su trabajo** (últimos 3 recibos de sueldo, declaración del empleador o registros de trabajo por cuenta propia)

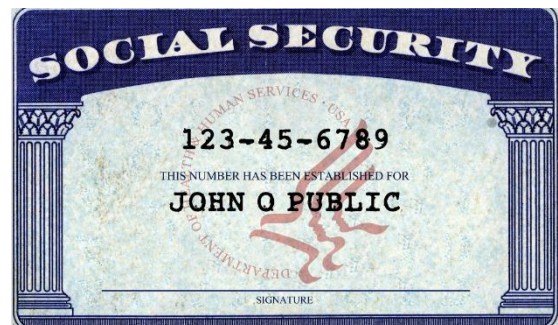
- a. Si trabaja por su propia cuenta: [completa el formulario](#) o lleva su declaracion de impuestos
- b. Si le pagan en efectivo: el jefe puede escribir una carta que declara las horas que trabajo por semana, el sueldo, y el tipo de trabajo con su firma y la fecha de la carta
7. **Cuentas bancarias:** estado de cuenta más actual de todas las cuentas
8. **Costos de alquiler o hipoteca:** contrato de arrendamiento, declaración del banco hipotecario o del propietario, cheques recientes
  - a. Si no tiene un contrato oficial y vive con familia o amigos, por favor de traer una carta del deuno/a de la casa que declara que usted vive a la direccion, cuanto paga con la firma y fecha del dueno/a
9. **Residencia:** (prueba de que vive en Texas: factura de servicios públicos, licencia de conducir, carta del propietario)
10. **Gastos de cuidado de dependientes:** recibos o declaración firmada de cualquier persona a la que le pague por el cuidado de niños
11. **La manutención de los hijos la paga cualquiera:** documentos judiciales que muestran cuánto paga
12. **Manutención infantil que cualquiera recibe:** carta del tribunal de distrito o papel firmado que muestre cuánto recibe
13. **Prueba de embarazo (si es applicable):** carta de un profesional médico que confirma su embarazo.
14. **Costo médico:** – Facturas o estados de cuenta de proveedores de atención médica (médicos, farmacias, etc.) de los últimos 3 meses. Solo si aún **no ha pagado** por estos servicios.

## Examples / Ejemplos

Valid photo ID/ Edentificación con fotografía:



Social Security Card/ Tarjeta de Seguro Social:




## Proof of income/ Comprobante de ingresos:

a Employee's social security number		Safe, accurate, FAST! Use		Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a>	
b Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld		
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name Suff.		11 Nonqualified plans		12a See instructions for box 12	
		13 Statutory employee Retirement plan Third-party sick pay		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code					
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** Wage and Tax Statement **2022** Department of the Treasury—Internal Revenue Service  
 Copy B—To Be Filed With Employee's FEDERAL Tax Return.  
 This information is being furnished to the Internal Revenue Service.

## Medicaid ID/ Identificación de Medicaid:

		<b>Medicaid Program Name</b>	
<b>Medicaid ID Card</b>		Medical plan / Plan médico	
Member name: <b>John Doe</b>		Plan name / Nombre del plan 1-800-###-####	
Member ID (Medicaid ID): <b>123456789</b>		Dental plan / Plan dental	
Issuer ID: (00840) XXXXXXXXXX		Plan name / Nombre del plan 1-800-###-####	
Date card sent: 03/01/2012			
RxBIN: 001111 RxPCN: ADV RxGRP: RX1234			

## Your Texas Benefits Login:

Your Texas Benefits

### Log in

Username	<input style="width: 90%;" type="text"/>
<input type="checkbox"/> Remember username	
Password	<input style="width: 90%;" type="password"/>

LOG IN

# Bank Accounts/ Cuentas bancarias :

BankStatements.net

**BANK OF AMERICA**  
P.O. Box 15284  
Wilmington, DE 19850

## Business Advantage

### Customer service information

- 1.888.BUSINESS (1.888.287.4637)
- bankofamerica.com
- Bank of America, N.A  
P.O. Box 25318  
Tampa, FL 33622-5118

MR JOHN DOE  
2 POST ALLEY  
SEATTLE, WA 98101

Please see the Important Messages - Please Read section of your statement for important details that could impact you.

## Your Business Fundamentals Checking

for February 1, 2021 to February 28, 2021  
KC UNLOCKING COMPANY

Account number: 1 2345 6789

### Account summary


Beginning balance on February 1, 2021	\$39.65	# of deposits/credits: 28
Deposits and other credits	24,983.78	# of withdrawals/debits: 43
Withdrawals and other debits	-24,139.29	# of items-previous cycle: 2
Checks	-0.00	# of days in cycle: 28
Service fees	-70.00	Average ledger balance: \$1,091.41
<b>Ending balance on February 28, 2021</b>	<b>\$814.14</b>	* Includes checks paid, deposited items & other debits

# Residence/ Residencia:



# Child Support document/ La manutención de los hijos:

# Proof of Pregnancy/ Prueba de embarazo:

  
**ATTORNEY GENERAL OF TEXAS**  
 Ken Paxton  
 Child Support Division

**Verification of Child Support Income /**  
**Verificación de Ingresos de Manutención de Niños**

Date / Fecha: \_\_\_\_\_ Recipient / Beneficiario: \_\_\_\_\_  
 Name and Address of Requesting Authority / Nombre y dirección de Autoridad Solicitante: \_\_\_\_\_  
 SSN / Número de Seguro Social: \_\_\_\_\_  
 Payer / Pagador: \_\_\_\_\_  
 Requesting Authority Agent Name / Nombre de Agente de Autoridad Solicitante: \_\_\_\_\_  
 Name of Child(ren) / Nombre de Niño(s): \_\_\_\_\_  
 Telephone and fax number / Número de teléfono y fax: \_\_\_\_\_

Applicant's Signature / Firma del Solicitante \_\_\_\_\_ Date / Fecha \_\_\_\_\_

I hereby authorize the release of all child support income information requested on this verification form to the above named requesting authority.  
 Por la presente autorizo la revelación de toda la información sobre los ingresos de manutención de niños, solicitada en este formulario de verificación, a la autoridad solicitante nombrada arriba.

**WARNING:** Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States in matters within its jurisdiction. Texas Government Code § 559 gives you the right to review and request correction of information on this form.  
**AVISO:** La Sección 1001 del Título 18 del código de los Estados Unidos establece como un delito penal el hacer declaraciones falsas o distorsiones intencionales a cualquier departamento o agencia de los Estados Unidos con respecto a asuntos dentro de su jurisdicción. El Código Gubernamental de Texas § 559 le proporciona a usted el derecho de revisar y solicitar la corrección de información en este formulario.

Form 1822  
November 2012

## PREGNANCY VERIFICATION LETTER

To Whom It May Concern:

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ the patient known as \_\_\_\_\_ had a positive pregnancy test.

Based on the date of her last menstrual period, her Estimated Date of Delivery (EDD) is the \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

Additional Information (if any):

Sincerely,

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

# Letter from HHSC/Carta de HHSC



TEXAS HEALTH AND HUMAN SERVICES COMMISSION  
 P O BOX 149027  
 AUSTIN, TEXAS 78714-9027

XXXXXXXXXX

Phone: 2-1-1  
 or for out of state callers,  
 call 1-877-541-7905

Case Number:XXXXXXXXXX

**It is time to renew your Health Care Benefits**  
 You now have **30 days** to renew your health-care benefits.

ACTION REQUIRED: Check your renewal form -- make sure facts are correct.		
Program	Name	EDG Number

You need to check your renewal form. Look it over and make sure the facts we have about you are correct. To find out how, see below -- "How to fill out or check your renewal form".

- **If some of the facts about you are not correct:** You must update your renewal form.
- **If all the facts we have about you are correct:** You need to only check your renewal form -- you don't need to send it back to us.