

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 - t	he woman who	is applying for benefits.									
First Name	Las	st Name	MI	Date of Birth (nm/dd/yyyy)	Social S	Social Security number		Agency Use Only Date Received		
Home Address – Street		City		, Texas		ZIP Code	County	County			
Fill in a mailing address below	If you fill	ou fill in a mailing address, we will send letters about your case there and not to your hom									
Mailing Address – Street			City		State		ZIP Code	County			
Phone number we can call if we need to talk about your case or coverage			je.	Driver's License		er	Ethnicity (optiona	al)			
Area code and phone number		37 1 2/1 4		Hispanic/Latino 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? Yes No (If yes, give proof) Are you pregnant? Yes No											
Are you a legal immigrant?		No (If yes, give proof) Have you: (1) had a sterilization procedure (like a tubal									
Does anyone in your home get WIC benefits right now?											
Do you have health insurance that covers family planning services?											
• 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?											
o 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?											
Do not re-enter facts about the	-		`you run ou	it of space.		т					
Name (First, Last, MI)		Date of Birth (mm/dd/yyyy)	Social Sec	curity 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	Name of employer, pers gives or pays th	on or agen	cy that	How ofte	n is the mo	oney given or paid eek, twice per mon	!?	Amount paid or given			
		8., 20 02 Pm ²	ic money	(5		mon		ien, e.e.,	01 g		
Tell us about costs everyone i	in your home n	eve for: (1) day care for chi	ldran and ac	dulte alimony (2) court-ordere	d child sun	port or (3) getting	your children	to and from		
day care. You need to give pro				auris, ammony, (2) court-ordere	a cilia sup	port, or (3) getting	your children	to and from		
How much do you pay?	How often do you pay? (every week, ever week, twice a month, every month			other Name, address and phone number of person you pay							
Signing up to vote: Applying to register or declining	g to register to v	vote will not affect the amoun	at of assistan	ce that you will be	provided by th	nis agency.					
If you are not registered to vo				•			Yes] No			
IF YOU DO NOT CHECK EIT out the voter registration applica											
someone has interfered with you with the Elections Division, Sec	ur right to regist	ter or to decline to register to	vote, or your	r right to choose yo	our own politic						
The facts you provide in con						es Commi	esion (HHSC) and	other state an	ancies By		
signing this, you agree that th									cheles. By		
"I certify under penalty of per criminal prosecution. I unders									be subject to		
Signature — Applicant		Date	Signed		Signature — Wit				te Signed		





Agency Use Only: Voter Registration Status								
Already registered Client declined Agency transmitted Client to mail Mailed to client Other								
gency 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).