



TEXAS Health and Human Services

Date

(Individual Name and Address)

Case Worker
Office Address and Telephone No.

Application/Redetermination or Monitoring for Community Care Services

- We have received your request for community care services.
- It is time to monitor your community care services.
- It is time to review your eligibility for community care services.

Please complete the enclosed application form. You must answer each question on the form. Enter "no" or "none" to questions that do not apply to you. Please be sure that you sign and date the form. A friend or relative may help you complete the form and answer questions when I visit you.

To determine your eligibility or continued eligibility for community care services or to monitor services a case worker will visit your home on _____.
If this date or time is not convenient for you, please call to arrange another appointment.

A case worker will call you to make an appointment for a visit and to talk with you about this application form. The case worker will then visit you to pick up this application and to determine your eligibility or continued eligibility for community care services.

Please have proof of all income and available resources. The proof may be copies of: award letters (VA, Social Security, Railroad Retirement); earnings statements; current bank statements; savings passbooks; certificates of deposit; certificates of notes, stocks, or bonds.