TEXAS
Health and Human Services

Applicant's Name and Address

Case Manager
Office Address and Telephone No.

Request for Medical Evidence

It has been determined that the above named applicant will need a disability determination by the Texas Health and Human Services Commission (HHSC) as part of the eligibility determination process for services available HHSC. To expedite the disability determination process, HHSC requests that you provide medical evidence. The medical evidence required is the most recent 12 months of medical records signed by the treating physician, listing the diagnosis and any impact the condition(s) have on the applicant's activities of daily living. This information will be collected at the initial face-to-face contact, which is scheduled for

_____ .

If you have any questions regarding this requirement, please contact me at the telephone number listed above.

_____ _____

Signature – Case Manager Date