

## Children's health-care benefits: More facts needed from the parent who has custody

### Instructions

- The parent who doesn't have custody of your child applied for health-care benefits for that child.
- This form must be filled out by a parent who: (1) has custody of the child, and (2) is a natural (biological) parent, adopted parent, or stepparent.
- After this form is filled out and signed, the parent who has custody can mail or fax this form back to the Texas Health and Human Services Commission (see Step 4).

## STEP 1 Tell us about yourself

We need one adult in the family to be the contact person for this form.

1. First name, middle name, last name, and suffix

2. Home address (leave blank if you don't have one.)

3. Apartment or suite number

4. City

5. State

6. ZIP

7. County

8. Do you live in Texas?  Yes  No

9. Do you plan to stay in Texas?  Yes  No

10. Mailing address (if different from home address)

11. Apartment or suite number

12. City

13. State

14. ZIP

15. County

16. Phone number

(     )     -

17. Other phone number

(     )     -

18. Preferred spoken or written language (if not English)



## STEP 2 Tell us about your family

**Fill out Step 2 for:** (1) yourself; (2) your spouse, if you live together; and (3) children age 18 and younger who live with you.

**If you have more than 2 people in your family, you'll need to:** (1) make a copy of pages 4 and 5, (2) fill out those pages for each person, and (3) attach those pages to this form. If a family member isn't applying for health-care benefits, you don't need to give us their: (a) immigration status, or (b) Social Security number (SSN). We'll keep all the facts you give us private and secure as required by law. We'll use personal facts only to check if your child or children can get health-care benefits.

### STEP 2: PERSON 1 Start with yourself

1. First name, middle name, last name, and suffix

2. Relationship to you?

**SELF**

3. Date of birth (mm/dd/yyyy)

4. Sex:  Male  Female

5. Social Security number (SSN) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Are you a U.S. citizen or U.S. national?  Yes  No

7. If you aren't a U.S. citizen or U.S. national, do you have eligible immigration status?  Yes  No

If yes, answer these questions: a. Immigration document type \_\_\_\_\_

b. Document ID number \_\_\_\_\_

c. Have you lived in the U.S. since 1996?  Yes  No

8. Are you, your spouse, or your parent an active-duty member of the U.S. military?  Yes  No

9. Are you, your spouse, or your parent a veteran of the U.S. military?  Yes  No

10. If Hispanic / Latino, what is your ethnicity (optional — check all that apply)

Mexican  Mexican American  Chicano/a  Puerto Rican  Cuban  Other \_\_\_\_\_

11. Race (optional — check all that apply)

White

Filipino

Native Hawaiian

Black or African American

Japanese

Guamanian or Chamorro

American Indian or Alaska Native

Korean

Samoan

Asian Indian

Vietnamese

Other Pacific Islander

Chinese

Other Asian

Other \_\_\_\_\_

### Current job and money you get

**Employed**

If you're currently employed, tell us about your income. Start with question 12.

**Self-employed**

Skip to question 20.

**Not employed**

Skip to question 21.

**STEP 2: PERSON 1****Continued****Current job 1:**

12. Employer name and address

13. Employer phone number

( ) -

14. Wages / tips (before taxes)  Hourly  Weekly  Every 2 weeks  Twice a month  Monthly  Yearly

\$ \_\_\_\_\_

15. Average hours worked each WEEK

**Current job 2:** If you have more jobs and need more space, attach another sheet of paper.

16. Employer name and address

17. Employer phone number

( ) -

18. Wages / tips (before taxes)  Hourly  Weekly  Every 2 weeks  Twice a month  Monthly  Yearly

\$ \_\_\_\_\_

19. Average hours worked each WEEK

20. If self-employed, answer the following questions:

a. Type of work:

\_\_\_\_\_

b. How much net income (profits once business expenses are paid) will you get from this self-employment **this month**?

\$ \_\_\_\_\_

21. **Other money this person will get this month:** Check all that apply and give the amount and how often you get it.

You don't need to tell us about child support, veteran's payment, or Supplemental Security Income (SSI).

	Amount	How often		Amount	How often
<input type="checkbox"/> None			<input type="checkbox"/> Alimony you get	\$ _____	_____
<input type="checkbox"/> Unemployment	\$ _____	_____	<input type="checkbox"/> Farming / fishing	\$ _____	_____
<input type="checkbox"/> Pensions	\$ _____	_____	<input type="checkbox"/> Rental / royalty	\$ _____	_____
<input type="checkbox"/> Social Security	\$ _____	_____	<input type="checkbox"/> Other income	\$ _____	_____
<input type="checkbox"/> Retirement accounts	\$ _____	_____	Type: _____		

22. **Tax deductions:** Check all that apply and give the amount and how often you pay it. You shouldn't include a cost that you already considered in your answer to net self-employment (question 20b).

	Amount	How often
<input type="checkbox"/> Alimony paid	\$ _____	_____
<input type="checkbox"/> Student loan interest	\$ _____	_____
<input type="checkbox"/> Other deductions, such as educator expenses, health savings accounts, moving expenses, tuition, and fees	\$ _____	_____
	Type: _____	

**Thanks! This is all we need to know about you.**

## STEP 2: PERSON 2

To find out which people to include, see the beginning of Step 2 under "Tell us about your family."

1. First name, middle name, last name, and suffix		2. How is PERSON 2 related to you?
3. Date of birth (mm/dd/yyyy)	4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
5. Social Security number (SSN) _____		
6. Is PERSON 2 a U.S. citizen or U.S. national? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. If PERSON 2 isn't a U.S. citizen or U.S. national, do they have eligible immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer these questions: a. Immigration document type _____ b. Document ID number _____ c. Has PERSON 2 lived in the U.S. since 1996? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Is PERSON 2, their spouse, or their parent an active-duty member of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Is PERSON 2, their spouse, or their parent a veteran of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. If Hispanic / Latino, what is PERSON 2's ethnicity (optional—check all that apply.) <input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other _____		
11. Race (Optional—check all that apply.) <input type="checkbox"/> White <input type="checkbox"/> Filipino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black or African American <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Korean <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian <input type="checkbox"/> Other _____		

### Current job and money PERSON 2 gets

**Employed**

If PERSON 2 is currently employed, tell us about their income. Start with question 12.

**Self-employed**

Skip to question 20.

**Not employed**

Skip to question 21.

### Current job 1:

12. Employer name and address	13. Employer phone number ( ) -
14. Wages / tips (before taxes) <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly \$ _____	
15. Average hours worked each WEEK	

**STEP 2: PERSON 2****Continued**

**Current job 2:** If PERSON 2 has more jobs and you need more space, attach another sheet of paper.

16. Employer name and address

17. Employer phone number

(      )      -

18. Wages / tips (before taxes)  Hourly  Weekly  Every 2 weeks  Twice a month  Monthly  Yearly

\$ \_\_\_\_\_

19. Average hours worked each WEEK

20. If self-employed, answer the following questions:

a. Type of work:

\_\_\_\_\_

b. How much net income (profits once business expenses are paid) will PERSON 2 get from this self-employment **this month**?

\$ \_\_\_\_\_

**21. Other money PERSON 2 will get this month:** Check all that apply and give the amount and how often they get it. You don't need to tell us about child support, veteran's payment, or Supplemental Security Income (SSI).

	Amount	How often		Amount	How often
<input type="checkbox"/> None			<input type="checkbox"/> Alimony you get	\$ _____	_____
<input type="checkbox"/> Unemployment	\$ _____	_____	<input type="checkbox"/> Farming / fishing	\$ _____	_____
<input type="checkbox"/> Pensions	\$ _____	_____	<input type="checkbox"/> Rental / royalty	\$ _____	_____
<input type="checkbox"/> Social Security	\$ _____	_____	<input type="checkbox"/> Other income	\$ _____	_____
<input type="checkbox"/> Retirement accounts	\$ _____	_____	Type: _____		

**22. Tax deductions:** Check all that apply and give the amount and how often PERSON 2 pays it. You shouldn't include a cost that you already considered in your answer to net self-employment (question 20b).

	Amount	How often
<input type="checkbox"/> Alimony paid	\$ _____	_____
<input type="checkbox"/> Student loan interest	\$ _____	_____
<input type="checkbox"/> Other deductions, such as educator expenses, health savings accounts, moving expenses, tuition, and fees	\$ _____	_____
	Type: _____	

**Thanks! This is all we need to know about PERSON 2.**

**If you have more than two people to include, make a copy of pages 4 and 5, fill them out, and attach them to this form.**



## **STEP 3** Read and sign this form.

We, the Texas Health and Human Services Commission, use the facts on this form to find out if your child can get health-care benefits. We will check your answers using electronic databases from one or more of the following: (1) the Internal Revenue Service (IRS), (2) the Social Security Administration, (3) the Department of Homeland Security, and (4) a consumer reporting agency. If the facts you give us don't match the databases, we might ask you to send us proof of your answers.

**I agree to allow the Texas Health and Human Services Commission to check my answers using the electronic databases listed above:**

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

## **STEP 4** Fax or mail this filled out and signed form to:

**Fax:** 1-877-447-2839  
If your form is 2-sided, fax both sides.

**Mail:** HHSC  
PO Box 149027  
Austin, Texas 78714-9027