



TEXAS
Health and Human
Services

Date/Fecha

Eligibility Specialist/Especialista de Elegibilidad

Office Address and Telephone No./Oficina y Teléfono

(Name and Address of Verification Source)

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VERIFICATION OF MINERAL RIGHTS

VERIFICACIÓN DE DERECHOS MINERALES

The undersigned client has given permission for you to provide this department the fair market value and income information on the following mineral rights.

The department cannot grant or continue eligibility for medical assistance without this information. You are not liable for any department action resulting from the receipt of this information

El suscrito lo autoriza a usted a dar información a este departamento sobre el valor de los derechos minerales identificados abajo lo mismo que los ingresos que producen.

El departamento necesita esta información para determinar la elegibilidad del suscrito para asistencia médica. El suscrito lo absuelve a usted de cualquier responsabilidad de las acciones que tome el departamento como consecuencia de esta información.

 Signature—Client or Representative
 Firma—Cliente o su Representante

 Date/Fecha

Client Name	Social Security No.
Address	

FEDERAL TAX INFORMATION (Check appropriate box.)

- Yes
 No

THANK YOU for taking the time to complete all of the information on Page 2. Your help is greatly appreciated.

Telephone No. (incl. A/C)

 Signature—HHSC Staff

 Date

Company Representative – Please Complete and Return Page 2

