

Section H

People Applying for Benefits

Mark the benefits Person ☐ is applying for:

☐ **Food Benefits (SNAP)**

Cash Help for Families (TANF):

- ☐ TANF
☐ One-Time TANF
☐ One-Time TANF Grandparent

Health Care (Medicaid or CHIP) for:

- ☐ Children
☐ Adult Caring for a Child
☐ Pregnant Women

Person ☐: spouse, child, or other adult applying for benefits

First name

Middle name

Last name

Social Security number

Birth date (month/day/year)

This person's relationship to you

If this person gets money from Social Security or railroad retirement, list the number here:

Social Security claim #

Railroad retirement #

☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed Live in Texas? ☐ Yes ☐ No

Optional Questions

☐ Male ☐ Female

Hispanic or Latino?..... ☐ Yes ☐ No

Mark one or more:

☐ Black or African-American

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or Pacific Islander

☐ White

Is this person going to school? ☐ Yes ☐ No If yes, is this person going full-time? ☐ Yes ☐ No

Is this person a U.S. citizen? If no, give facts below..... ☐ Yes ☐ No

Is this person a refugee or legally admitted immigrant? ☐ Yes ☐ No

If this person has a sponsor, write the sponsor's name.

Date person entered the U.S. (month/day/year)

Is this person registered with the U.S. Citizenship and Immigration Services?... ☐ Yes ☐ No

Immigrant registration number

Person ☐: spouse, child, or other adult applying for benefits

First name

Middle name

Last name

Social Security number

Birth date (month/day/year)

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Application for benefits

Texas Health and Human Services Commission

H1010

08/2011

Extra