

Women's Health Program Medicaid Application



The Women's Health Program provides an annual exam, health screenings and contraceptives for 12 months.

Please complete the following information for the **woman** who is applying for benefits.

Last Name	First Name	MI	Date of Birth (mm/dd/yyyy)	Social Security No.	Agency Use Only Date Received
Home Address – Street		City		ZIP Code	County
		, Texas			

Complete if different from your home address or if you have a preferred address for receiving letters with confidential information:

Mailing Address – Street	City	State	ZIP Code	County
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Please provide a telephone number where you can discuss confidential information. Area Code and Telephone Number	Driver's License or ID No.	Ethnicity (optional) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic
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Race (optional) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown					
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Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide proof) Are you a legal immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide proof) Does anyone in your household currently receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide proof)	Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received a sterilization procedure (i.e. tubal ligation or Essure) and are you confirmed sterile? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have health insurance that covers family planning services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, will filing a claim on your health insurance cause physical, emotional or other harm from your spouse, parents or other person? <input type="checkbox"/> Yes <input type="checkbox"/> No o If yes, explain your situation below. If needed, attach additional pages and include your name and Social Security number.	
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Do you have CHIP or Medicare Part A or B?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Complete the information below for all other members of your household. **Do not** re-enter the woman's information listed above. Attach additional pages if you have more than four additional people living in your home. (*See page 2 for more information.)

Name (Last, First, MI)	Date of Birth (mm/dd/yyyy)	Social Security No.*	Sex*	Race*	Relation to Applicant

List all of your household's income here. Be sure to include money you receive from training or work; cash, gifts, loans or contributions from parents, relatives or others; child support; and unemployment or government checks. Please provide proof of money received by each person.

Name of Person Receiving the Money or Income	Name of Employer, Person or Agency that Provides the Money or Income	How often is the money or income received? (weekly, every other week, twice per month, monthly)	Amount Received

List all of your household's expenses for child care, dependent care for disabled adults, alimony, court-ordered child support or the cost of transportation to and from day care. Please provide proof of the money you pay for these expenses to receive this deduction.

How much do you pay?	How often do you pay? (weekly, every other week, twice per month, monthly)	Name, address and telephone number of person you pay

Signing up to vote:

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today? ☐ Yes ☐ No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Elections Division, Secretary of State, P.O. Box 12060, Austin, TX 78711. Phone: 1-800-252-8683.

Agency Use Only: Voter Registration Status

☐ Already registered ☐ Client declined ☐ Agency transmitted ☐ Client to mail ☐ Mailed to client ☐ Other

Agency staff signature: _____

Information you provide in connection with this application is subject to verification by the Texas Health and Human Services Commission (HHSC) and other state and federal agencies. Your signature indicates that you agree that information provided in this application may be used to determine eligibility for yourself for the Women's Health Program administered by HHSC.

"I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution. I understand that this is not an application for full Medicaid coverage. However, I understand that I may qualify for other Medicaid services and I can apply at any time."

Signature — Applicant

Date Signed

Signature — Witness
(Required if applicant signed with an "X")

Date Signed



Citizenship: To show proof of U.S. citizenship you can send copies of a U.S. passport, a Certificate of Naturalization or a Certificate of U.S. Citizenship. If you do not have one of those documents, you can provide copies of a birth certificate and current driver's license with photo or I.D. card with photo. For people born in Texas, HHSC may be able to get the birth certificate electronically and you will not need to provide it. Call 211 to learn about other documents that are accepted as proof of citizenship. You do not have to provide information about citizenship for any household member who is not asking for benefits.

Immigration: Documents that can be provided to show proof of immigration status include an alien registration card or documentation from the Bureau for Citizenship and Immigration Services (formerly INS). You do not have to provide information about immigration status for any household member who is not asking for benefits. You can apply and get benefits for eligible family members, even if your family includes other members who are not eligible because of immigration status. If you or members of your family use Medicaid, the Children's Health Insurance Program (CHIP) or food stamps, it will not affect you or your family members' immigration status or ability to get a green card. If you or your family members use long-term institutional care, such as a nursing home, immigration status could be affected. Talk to an agency that helps immigrants with legal questions before you apply. Refugees and people granted asylum can use any benefits, including cash assistance, without hurting their chances of getting a green card or U.S. citizenship.

Social Security Numbers: You will be asked to provide Social Security numbers (SSNs) for all individuals, including yourself, for whom you want assistance. If any of these people do not have an SSN, we can help you apply for one. Before receiving benefits, you must provide or apply for an SSN. Any person who declines to apply for or provide an SSN may be found ineligible. The authority for these requirements is as follows: for food stamp, 7 CFR §273.6; for TANF, 45 CFR §205.52; and for medical assistance, 42 CFR §435.910. We will not share your SSN with the Bureau of Citizenship and Immigration Service (formerly INS). You will not have to provide SSNs for any family members who are not eligible because of immigration status and who are not asking for benefits. SSNs are used to verify eligibility, conduct computer matching with other agencies (such as the Texas Workforce Commission, the Social Security Administration, the Internal Revenue Service, credit reporting agencies) and other matching sources, and to recover benefits you were not entitled to receive. We may also share SSNs with telephone and electric utility companies to help them determine if you qualify for a reduction in your bills or with others to help you receive benefits based on need.

Race, Ethnicity and Gender: You will be asked to provide information about the race/ethnic background and gender for you and all individuals for whom you want assistance. This information is voluntary and is used to make sure that benefits are provided without regard to race, color or national origin. It will not affect your eligibility or benefit amount.

Discrimination: In accordance with federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. Under the Food Stamp Act and USDA policy, discrimination is also prohibited on the basis of religion or political beliefs. If you feel you have been discriminated against, you may contact HHSC Civil Rights by: writing to HHSC, Director, HHSC Civil Rights Office, 701 W. 51st St., Suite 104, MC W-206, Austin, TX, 78751; calling 1-888-388-6332 (voice) or 1-512-438-2960 (TDD); or faxing 1-512-438-5885. You may also file a complaint by contacting USDA or HHS. Write USDA, Director, Office of Civil Rights, 1400 Independence Ave., S.W., Washington, D.C. 20250-9410 or call 1-800-795-3272 (voice) or 1-202-720-6382 (TTY). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call 1-202-619-0403 (voice) or 1-202-619-3257 (TTY). USDA and HHS are equal opportunity providers and employers.

WIC: Documents we accept as proof of receiving WIC include: WIC Verification of Certification letter or active WIC voucher/EBT Shopping List.

Household income: Documents we accept as proof of income or money received by the household include: pay stubs; copy of checks; a statement from employer; self-employment records; statement from the person providing the money that includes the person's name, address, telephone number, signature and date.

Household expenses: Documents we accept as proof of household expenses include: copies of checks; check stubs; statement from the person you pay that includes the person's name, address, telephone number, signature, date, as well as when and how often you pay; copy of district clerk record.

Questions: Call us toll free at 1-866-993-9972 Monday through Friday, 8 a.m. to 8 p.m. Central time.

Copy all verification documents and fax them with the front page of this application to 1-866-993-9971.