



County Indigent Health Care Program (CIHCP) Application for Health Care Assistance

For Office Us	se Only												
Status Application Review	Date Form 3064 Requested/Issued	,	tifiable Form eived	orm Case Record No.			Appointment Date and Ti		me, if app	llca	ble		
Name (Last, Firs	t, Middle)		Ho	ome Are	ea Code	and F	hone No	· .	Other Area Code	and Pho	ne l	У о.	
Have you ever us	sed another name?	If so, list other na	ames you ha	ve used	d.							i	
Mailing Address (Street or P.O. Box)				Apt.	No.	City			State	ZIP C	ode)	
Home Address, i	f different from abov	ve. If it is rural, gi	ve directions	<u> </u>									
	elow, fill in the first tyou consider them			urself. I	Fill in the	rema	ining line	s for ev	veryone who lives	in the hou	50	with	you,
	Name (Last, First, Middle)		Socia Security (if availal	No.	Sex (Male Femal	7	Dat of Bl	and the second sections in the second	Relation to You		or	you sorc	
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Note: The word a legal rel	"household" in Ques ationship. You do n	stions 2 through ot need to include	16 refers to y e Information	ou, you on peo	ur spous ople who	e and live w	anyone e vith you b	else wh ut are r	o lives with you ar not part of your "ho	d with whousehold.	om	you	have
2. What is your h	ousehold's county	and state of resid	ence (where	you m	ake you	perm	anent ho	me)?					
County:		State:		Do y	ou plan	to rem	nain in thi	s count	y and state? OY	es ON	o		
3. Living Arrange	ements – Check all l	boxes that apply	to your hous	ehold.									
Own or pa	ying for home	Live in a hou	se provided l	by som	eone els	е	☐ No I	oerman	ent residence		1		
Live with s	omeone else	Rent house o	or apartment				Jail		. 107				

4. List your average monthly household expenses.				
Rent/Mortgage \$				
Utilities (gas, water, electric) \$		-	1	
Phone \$				
Transportation (such as gas, car payments, bus) \$				
Tax and Insurance on Home Per Year \$				144
Other:				
Other:				
Other: \$				
Does anyone pay these household expenses for you? O Yes O No If Yes, who pays?				
5. Are you or is anyone in your household receiving any of the following? OYes ONo				
☐ Temporary Assistance for Needy Families (TANF) ☐ Food Stamps ☐ Medicald Benefits			**********	
If Yes, who?				
6. Are you or is anyone in your household pregnant? Yes No If Yes, who?				
7. Are you or is anyone in your household disabled? Yes No If Yes, who?				
8. Have you or has anyone in your household applied for Supplemental Security Income (SSI) or Social Security Disability Inst	ırance	(S	SDI)?
9. Do you or does anyone in your household have unpaid health care bills from the last three months? OYes ONo If Yes, which months?				
10. Do you or does anyone in your household have health care coverage (Medicare, health insurance, Veterans Affairs, Tricar O Yes O No If Yes, who?	e, etc)?		
11. How much money do you have in your wallet, in your home, in bank accounts or other locations?				
12. How many cars, trucks or other vehicles do you and anyone in your household have? List the year, make and model below Year Make and Model + 1	<i>i</i> .			
13. Do you or does anyone in your household own or pay for a home, lot, land or other things? O Yes O No				
14. Did you or did anyone in your household sell, trade, or give away any cash or property during the last three months?	es () N	0	
15. Have you or has anyone in your household worked in the last three months? OYes ONo If Yes, who?		1		
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Name of Person Receiving Money		ne of Agency, Person ployer Providing Money	Amount Received	How Often R	0 (10	ve	d?	
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The statements I have made, including my an eligibility staff and the county any information								
within 14 days:								
Income Resources					1			
 Number of people who live with me 								
 Address 							. 1	
 Application for or receipt of SSI, TANF or 	r Medicaid						1 1	
, ,		nsidered without regard to race	e, color, religion, cr	eed. national origin	1. 80	е.	sex	
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The County Indigent Health Care Program (CIHCP) helps people pay for needed health care. Whether you can get this help depends on your income, what you own, where you live, other help you receive or could receive and other items. Be sure to:

- 1. Complete your name and address;
- 2. Sign and date Page 3 of the application; and
- 3. Answer as many questions as you can on this application.

Turn in or mail back your application today even if you cannot enswer all the questions.

Your Responsibilities

You may be asked to bring proof of what you write on your application or what you tell the person interviewing you. If you need help getting proof, the person interviewing you will help. Examples of some of the items you may be asked to prove and documents you can use for proof are listed below.

Where You Live and Plan to Continue Living - Mail that you received at your address; school records; voting records; property taxes, lent or mortgage receipts; Texas driver license; and other official identification.

What You Own and What it is Worth - Property tax appraisals; estimates from car dealers; ads selling similar items; statements from real estate agents; and bank statements.

Your Income – Paycheck stubs; paychecks; W-2 tax forms or income tax returns; sales records; statements from employers; award letters legal documents; and statements from persons giving you money.

Other Health Care Coverage – Award or claim letters; insurance policies; court documents; and other legal papers.

Information regarding Social Security numbers should be given if this information is available. Information regarding sex (male/female) is voluntary. This information will not affect your eligibility.

You must give information about health care insurance and any other third party financially liable for health care services paid by the county for yourself and members of your household. By signing and submitting this application, you are agreeing to give the county the right to recover the cost of health care services provided by the county from any third party.

You may be asked to apply for Medicaid, Temporary Assistance for Needy Families (TANF) or Supplemental Security Income (SSI) be nefits. If you are asked to apply for one of these programs, or have applied but are waiting for an answer, your CIHCP application may be pended until you are determined ineligible for the other program. If you are not eligible for these other programs and if you have answered all the questions on the application and have given all the proof asked for, your application can be processed. Then, the CIHCP must determine if you are eligible within 14 days.

After turning in your application, you must report within 14 days any changes in your address, income, resources, people living with you, or application for or receipt of Medicaid, TANF or SSI,