



Date: 07/19/2023

Case Number: 1023841840

### Need help?

Call 2-1-1 or 1-877-541-7905

If you have a hearing or speech disability,  
call 7-1-1 or any relay service.

**All numbers are free to call.**

KENIESHA JARHAE ROGERS  
APT 3  
2517 AVENUE K  
GALVESTON TX 77550-2709

## Notice about your case:

### SNAP Food Benefits

EDG number: 621403181

Who gets SNAP Food Benefits		
Name	Date	Monthly Amount
Keniesha Jarhae Rogers; Prince-hezekiah Ali Johnson	09/01/2023 - 09/30/2023	\$ 516.00
Notes:  Your SNAP benefits will be available by the 3rd of each month. (If this is your first time getting benefits, you may get them early for the first few months.)		

### Health Care Benefits

Who gets health care benefits			
Name	EDG number	Program	Date
Prince-hezekiah Ali Johnson	711182667	Children's Medicaid	09/01/2023 - 02/29/2024
Keniesha Jarhae Rogers	680850842	Medicaid	09/01/2023 - 08/31/2024



## Other help you can get and your rights:

### **www.YourTexasBenefits.com**

Go to this website to view your case, report changes to your case, renew benefits, order or print a Medicaid card, see items we need from you, upload files we need from you, and find out if we got items you sent us.

For help or questions about your Lone Star Card account, call 1-800-777-7328 (7EBT).

### **Women who can't get Medicaid or CHIP:**

Women age 15 to 44 who can't get Medicaid or CHIP might be able to get services in the Healthy Texas Women program. A Parent or legal guardian must apply for young women age 15 to 17. To learn more, go to [HealthyTexasWomen.org](http://HealthyTexasWomen.org) or call 1-866-993-9972.

### **Notice to those who work for themselves (self-employed):**

A person is self-employed if they either: (1) own a business, or (2) work for someone who doesn't take out taxes. Self-employed people must keep detailed records of the money they make. When they apply or re-apply for benefits, they must show records like bills, receipts, checks, and pay stubs.

### **If you have a complaint:**

Call 2-1-1 or 1-877-541-7905 (after you pick a language, press 2). If you still need help, call the Office of the Ombudsman at 1-877-787-8999. All numbers are free to call.

### **Your right to be treated fairly:**

If you think you have been treated unfairly (discriminated against) because of race, color, national origin, age, sex, disability, political beliefs, or religion, you can file a complaint. Contact us by:

**Mail:** Texas Health and Human Services  
Civil Rights Office  
701 W. 51<sup>st</sup> St.  
MC W-206  
Austin, TX 78751

**Phone:**  
1-888-388-6332  
**Fax:**  
(512) 438-5885  
**Email:**  
[HHSCivilRightsOffice@hhsc.state.tx.us](mailto:HHSCivilRightsOffice@hhsc.state.tx.us)

You can also file a complaint with the U.S. Department of Health and Human Services (US DHHS) Office for Civil Rights (OCR):

**Phone:**  
800-368-1019  
800-537-7697(TTY)  
**Email:**  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

If you are applying for SNAP or get SNAP and you have been treated unfairly (discriminated against) you also can contact the USDA:

**Mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Ave., SW  
Washington, D.C. 20250-9410

**Fax:**  
(202) 690-7442  
**Email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

**Your right to appeal:**

If you think any action on your case is wrong, you can ask for a hearing to appeal. A hearing is a chance for you to tell a hearing officer the reasons you think the action is wrong. The hearing officer will decide if the right action was taken.

If you want a hearing, you must ask for it within 90 days of the date of this letter or the start date of the action, whichever comes later. If you are given a hearing, you can speak for yourself, or you can have a family member, friend, or lawyer speak for you (see below for free legal services). If you need an interpreter for your hearing, we can get you one at no cost.

**Benefits during appeal:**

You can get benefits while you wait for a hearing if: (1) you ask for a hearing within 13 days of the date of this letter, and (2) you are getting benefits when you ask for a hearing. If you lose the appeal, you might have to pay back benefits you got while waiting for the hearing.

**How to appeal:**

The fastest way to ask for a hearing to appeal is by calling 2-1-1 (or 1-877-541-7905). After you pick a language, press 2. If you have a hearing or speech disability, call 7-1-1 or any relay service. All numbers are free to call.

If you aren't able to call 2-1-1, you can ask for a hearing by either sending us a letter or going to an HHSC benefits office near you. If you send us a letter, you will need to include your: (1) full name, (2) case number, (3) address, and (4) phone number, if you have one. Mail the letter to: Texas Health and Human Services Commission, PO Box 149027, Austin, Texas 78714-9027.

**For free legal services, contact:**

LONE STAR LEGAL AID - GALVESTON OFFICE  
2200 MARKET STREET SUITE 301  
GALVESTON TX 77550

**Phone:** 800.551.3712

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## Report of Change



You must report changes to your case within 10 days of the change.

You can report changes online at [www.YourTexasBenefits.com](http://www.YourTexasBenefits.com).

☐ **1. Families who get TANF must report changes in:**

- Address.
- Source of household earned and unearned income.
- Amount of unearned income.
- The number of people in your household.
- Receipt of a car or other licensed vehicle purchased by your household or received as a gift.
- Wage rate or status (full-time to part-time or vice versa as defined by the employer).
- The total amount of your resources, such as money in bank or savings accounts, stocks, bonds, or cash, when the total goes over \$1,000 for TANF.
- Termination of pregnancy.
- Receipt of or change in a resource that may provide payment for medical services. This includes getting or changing health insurance coverage, or getting a settlement payment from an insurance or accident claim.
- Address, job, or other information related to the absent parent.

☒ **2. Everyone who gets Medicaid or CHIP benefits must report changes if:**

- Their address changes.
- They no longer live in Texas or are planning to leave Texas.
- Anyone moved in or out of their home.
- They get more money.
- They get money from a different person or job.
- The amount of hours they work changes.
- Their pregnancy ends. This includes when and how their pregnancy ended. Proof is not required when reporting changes about pregnancy.
- There's a change in getting health insurance.
- (The following is needed only if the person gets Medicaid and: (1) is age 65 or older, or (2) has a disability.) They buy, get as a gift, or sell things such as: car, truck, boat, motorcycle, home, property, insurance policy, stocks, or bank accounts.
- (The following is needed only if the person gets Medicaid or CHIP and: (1) is age 64 or younger, or (2) doesn't have a disability.) There's a change in the people they will claim or plan to claim as tax dependents on their next tax return.

☐ **3. Everyone who gets Healthy Texas Women benefits must report changes if:**

- Their address changes.
- They no longer live in Texas or are planning to leave Texas.
- They become pregnant.
- They receive health insurance that covers family planning services or get help for paying for medical services. This can include a settlement payment from an insurance or accident claim.
- They no longer want to get this type of coverage.



## Report of Change



☒ **4. SNAP Streamlined Reporting (SR) households must report changes in:**

- The amount of money everyone on your case gets each month before taxes are taken out, if it becomes \$ 1984.00 or more. Right now, we show the amount everyone on your case gets each month before taxes are taken out is \$ 0.00.
  - Address
  - Housing cost at a new address (rent, home payment, home tax and insurance, water, sewer, electricity, gas, phone, other). Tell us as soon as you know there will be changes to these costs. Don't wait to get your new bills to tell us.
- ☐ ABAWD (Able Bodied Adult without Dependents): work or participation hours fall below an average of 20 hours per week. This includes all employment and self-employment income and any hours that count toward the work requirement.

☐ **5. SNAP Non-Streamlined Reporting households must report changes in:**

- Address.
- Housing cost at a new address (rent, home payment, home tax and insurance, water, sewer, electricity, gas, phone, other). Tell us as soon as you know there will be changes to these costs. Don't wait to get your new bills to tell us.
- Source of household earned and unearned income.
- The legal obligation to pay child support.
- The number of people in your household.
- Receipt of a car or other licensed vehicle purchased by your household or received as a gift.
- Wage rate or status (full-time to part-time or vice versa as defined by the employer) .
- Any unearned income greater than \$50 per month.
- The total amount of your resources, such as money in bank or savings accounts, stocks, bonds, or cash, when the total goes over \$5,000.

☐ **6. SNAP Combined Application Project (SNAP-CAP) households must report changes in address.**

When you report a change, you might need to give us proof of the change. To give us proof, you can: (1) upload your files showing proof on [www.YourTexasBenefits.com](http://www.YourTexasBenefits.com), or (2) give us copies of items showing proof when you give us this form.

Another person can report changes for you. You can ask for a receipt for your change report.

Your advisor can explain what type of proof of the change is required.

Reporting these changes is a way to make sure your household receives all the benefits it is entitled to. If you withhold any information or give false information about changes you are required to report, you will owe us the value of any extra benefits you received as a result, and you may also lose some deductions. You also may be barred from receiving SNAP food benefits for one year to permanently, and be fined \$250,000, imprisoned for 20 years, or both. A member of your household will never be able to get SNAP food benefits again if they are found guilty in a court of law of:

- buying or selling firearms, ammunition, or explosives in exchange for SNAP food benefits, or
- illegally buying, selling, trading, or redeeming \$500 or more in SNAP food benefits.



## Report of Change



Name Keniesha Jarhae Rogers	Case Number 1023841840	Advisor	Date 07/19/2023
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Your household is responsible for reporting changes to this office within 10 days. You are required to report changes based on your reporting requirements listed on Page 1.

Give the date of each change and an explanation of the change. Attach proof of the change(s).

_____	_____
_____	_____
_____	_____
_____	_____

How long do you expect the change to last?

_____
_____

HHSC is providing four additional months of postpartum coverage for those whose pregnancy ends in a birth or involuntary miscarriage. (Per Section 32.024(l-1) of the Texas Human Resources Code.) Please answer the question below that is only used to determine if you are eligible for this coverage:

My pregnancy ended in a delivery or involuntary miscarriage.

- ☐ Yes  
☐ No

**X**

Signature-Person Reporting Change

Date

Phone No. of Person Reporting Change

You can report changes one of the following ways:

- Go to: [www.YourTexasBenefits.com](http://www.YourTexasBenefits.com)
- Call toll-free: 2-1-1 or 877-541-7905.  
After you pick a language, press 2.
- Fax this form to: 877-447-2839.
- Mail this form to:  
Texas Health And Human Services Commission  
PO Box 149024  
Austin, TX 78714-9024

Signature - Representative  
Receiving Report of Change

Date





## 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 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 filing 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 chose your own political party or other political preference, you may file a complaint with the Elections Division, Secretary of State, PO Box 12060, Austin, TX 78711. Phone: 1-800-252-8683.

With a few exceptions, you have the right to request and be informed about the information that the Texas Health and Human Services (HHSC) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact your local eligibility determination office.

The information provided on this form will be subject to verification of federal, state and local offices. If any is found inaccurate, you may be denied food stamp benefits and/or subject to criminal prosecution for knowingly providing false information.

Anyone buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for food stamps will not be able to get food stamps for two years for the first offense and permanently for the second offense. Anyone who gives false information in order to receive food stamp benefits more than once in a month may be barred from the food stamp program for 10 years.

### Agency Use Only: Voter Registration Status

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

Agency staff signature \_\_\_\_\_







**TEXAS**  
Health and Human  
Services

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## **Your Health Facts and Your Privacy Rights**

By law, we must keep your health facts private. The law that tells us to keep your health facts private is the Health Insurance Portability and Accountability Act (HIPAA).

We told you about HIPAA after you were approved for Medicaid or CHIP.

### **Get a paper copy of the Notice of Privacy Practice.**

You may get a paper copy of the Notice of Privacy Practice by mail, even if you get the notice electronically. Call 2-1-1 or 877-541-7905, after you pick a language, press 2. If you are hearing or speech impaired, you may call 7-1-1 or 800-735-2989 (TTY). You can also get a copy of the notice online at [yourtexasbenefits.com](http://yourtexasbenefits.com) or [hhs.texas.gov](http://hhs.texas.gov).

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