

Case Number: 1016380428

09/03/2023

Ms. Shebranda Kay Washington
Apt 205
4560 Chaha RD
Garland TX 75043-4660



TEXAS
Health and Human
Services

Need Help? Call 2-1-1
or for out of the state callers,
call 1-877-541-7905

Fax: 1-877-447-2839

Mail: Texas Health and Human Services
Commission
PO Box 149024
Austin Texas 78714-9024

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

To find out if you can get or keep getting benefits, we need more facts from you:

You are getting this packet because either: (1) you applied for benefits, (2) you reported a change to your case, or (3) we must check your income to see if you can still get benefits.

Inside this packet you will find:

- A list of the items we need from you.
- A pre-paid envelope.

You also might find other forms you can fill out and send to us.

Send us the items by 09/13/2023

If you need help, call us at 2-1-1 or 877-541-7905. After you pick a language, press 2. We can take your call Monday to Friday, 8 a.m. to 6 p.m. Central Time.

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

You still need to send us the items by this due date.

**If you don't send us your items by this date,
you might not get benefits or your benefits might end.**

There are 4 ways to send us the items we need:

Pick one of these ways to send the items back to us:

- **YourTexasBenefits.com:** You can upload your items online.
- **Your Texas Benefits Mobile App:** You can upload your items using the mobile app. The app is free to download in the Google Play and Apple iTunes stores.
- **Mail:** Mail this letter and the items we need in the pre-paid envelope that came in this packet.
- **Fax:** Fax this letter and the items we need to 1-877-447-2839.

Don't forget:

- Put your case number on everything you send us.
- If you send us a letter or statement showing proof of facts we need, make sure the person who writes it includes: (1) their name, (2) their address, (3) their phone number, (4) the date they wrote it, and (5) their signature.



Benefit programs affected and due date:

Program	EDG number	Due date
For Medical Assistance:	593842561	10/3/23

If you're afraid that giving us facts about someone could cause harm (physical or emotional) to you or your child:

If you're applying for or renewing Medicaid or CHIP benefits, you might not need to give us facts about that person. You might be able to get the "Family Violence Exemption."

Let us know if you're afraid to give facts about someone:

- **Phone:** Call 2-1-1 or 1-877-541-7905 (after picking a language, press 2).
- **Mail:** TEXAS HEALTH AND HUMAN SERVICES COMMISSION,P O Box 149024,
Austin, Texas 78714-9024
- **In person:** At a benefits office. To find one near you, go to YourTexasBenefits.com or call 2-1-1 or 1-877-541-7905 (after picking a language, press 1).
- **Fax:** 1-877-447-2839.



LIST OF INFORMATION NEEDED AND/OR ACTION REQUIRED:

Name(s)	Program(s)	Information/Action Requested	Acceptable Verification/Proof
Shebranda Washington	Medicaid	Provide verification of where you live.	Bill/receipt/records Child care provider Church or baptismal record City or crisscross directory DPS ID Employer Form 1857 Landlord Verification Home visit Mail received with name and address Mortgage Company Statement Non-relative Official records of ownership of property Post office records Rent/mortgage receipt School or Day Care Record Telephone directory Texas Motor Vehicle Commission (DMV) Texas driver's license (valid) VolAg Voter registration card
I'reia Roberts	Medicaid	Send proof that this person lives with their child or children in the same home. Proof must come from someone who isn't related.	Employee of adult supervised setting Form 1155 Request for Domicile Verification Form H1857 Landlord Verification Other - Non-relative Other acceptable School record with address/School Official contact





Texas Health and Human Services Commission
PO Box 149024
Austin Texas 78714-9024

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The enclosed Missing Information form (Form 1020) includes a list of documents you need to send to us so we can determine your eligibility for services.

See page 1 to find out how to send us your forms.

El formulario adjunto de información faltante (Formulario 1020) incluye una lista de documentos que usted necesita enviarnos para que podamos determinar si usted reúne los requisitos para los servicios.

Vea la página 1 para saber cómo enviarnos sus documentos.





REQUEST FOR DOMICILE VERIFICATION

Case Number:

1016380428

Date:

09/03/2023

Contact Tel #

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

Name of Client	Case No.
I'reia Kayloni Roberts	1016380428
Address	
Apt 205 4560 Chaha RD Garland TX 75043-4660	

The person listed above has told us that you are not related to them but are familiar with their family. To help us correctly evaluate the household's situation, we need your assistance.

Please complete the information requested on page 2 of this letter and return it to me in the postage paid envelope provided or fax to HHSC at 1-877-447-2839. Please return it as soon as possible, but no later than

09/18/2023

(date)

Your help is greatly appreciated.



1016380428



(The form must be completed by a non relative who does not live with the client.)

Please list all of the persons living in the home, including the client named on the front of this form:

[illegible]

I can verify the above information because I am:

☐ A Neighbor ☐ An Employer ☐ A School Official ☐ A Clergy Person

☐ A Friend ☐ A Landlord ☐ A Child Care Provider ☐ Other (explain): _____

How long have you known the family?

Years	Months	Weeks
-------	--------	-------

X

Signature

Date _____

Name

Name

Address	Telephone
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PETICIÓN DE DOMICILE VERIFICATION

Núm. de Caso:

1016380428

Fecha: 09/03/2023

Contacta con Tel #

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

Nombre del Cliente I'reia Kayloni Roberts	Caso Núm. 1016380428
Dirección Apt 205 4560 Chaha RD Garland TX 75043-4660	

La persona cuyo nombre aparece arriba nos dijo que no hay parentesco entre ustedes, pero que usted conoce a la familia. Necesitamos su ayuda para poder evaluar la situación de la casa.

Por favor complete la información solicitada en la página 2 de esta carta y envíela en el sobre prepagado provisto o por fax a HHSC al **1-877-447-2839**. Por favor, devuélvala en cuanto pueda, a más tardar para

09/18/2023

(fecha)

Agradecemos mucho su ayuda



Núm de Caso.

1016380428



VERIFICACIÓN DE DOMICILIO
(Una persona que no es pariente del cliente y que no vive con él debe llenar esta forma.)

Por favor, haga una lista de todas las personas que viven en la casa. Incluya el nombre del cliente que hay al otro lado de esta forma.

NOMBRE	RELACIÓN CON EL CLIENTE	NOMBRE DEL EMPLEADOR
Nombre del Cliente		

Puedo verificar la información anterior porque yo soy:

☐ Vecino

☐ Empleado

☐ Funcionario de la Escuela

☐ Clérigo

☐ Amigo

☐ Casero

☐ Cuidador de los Niños

☐ Otro (explique): _____

¿Cuánto hace que conoce a esta familia?

Años	Meses	Semanas
------	-------	---------

X

Firma

Fecha

Nombre

Dirección	Teléfono
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LANDLORD VERIFICATION

(This form must be completed by the client's landlord or a representative.)

Client Name:	Case Number:
Ms. Shebranda Kay Washington	1016380428

Please provide the tenant's complete residential address:

Street Address:	Apt. No.:	City:	Zip:
4560 Chaha RD	Apt 205	Garland	75043

1. Date tenant moved in: _____

2. How many people live in the house or apartment? _____

3. List the names of all people who live in the house or apartment. List their employer, if known:

Name of Person	Working?		Employer
	Yes	No	

4. Questions about the rent payment:

Amount of Rent: \$	Tenant's Portion of Rent: \$	Person making payment:
How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly		
Method of payment? <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other (explain):		
Is the tenant current in paying the rent? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," when was the last month rent was paid?		What is the total amount of past due rent? \$





5. Questions about the utilities:

Are all utilities included in rent? ☐ Yes ☐ No

Utilities the Tenant is responsible for paying (check all that apply): ☐ Gas ☐ Electric ☐ Telephone

Utility bills are paid directly to: ☐ Landlord ☐ Utility Company

Landlord or Representative Name (printed):

Signature - Landlord or Representative

Date

Business Address or Residential Address:

Telephone:





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4560 Chaha RD	Apt 205	Garland	75043

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