

**Case Number:** 1015926174

11/14/2023

Dominique Damore Sthran  
Apt B  
915 Allegheny CIR  
Richardson TX 75080-6508



**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 11/27/2023**

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.



*We are needing to verify how you are meeting your basic living expenses. Are you living with someone are you paying rent utilities. If someone is providing you housing or paying your expenses please provide verification from them verifying assistance being provided*



**Benefit programs affected and due date:**

| Program                  | EDG number | Due date |
|--------------------------|------------|----------|
| For Food Stamp benefits: | 90767369   | 11/27/23 |

**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](https://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:**

| <b>Name(s)</b>   | <b>Program(s)</b> | <b>Information/Action Requested</b>   | <b>Acceptable Verification/Proof</b>   |
|------------------|-------------------|---|--|
| Dominique Sthran | Food Stamps       | Expenses are greater than income. Please provide information as to how you are paying your bills. verification is not current | You must provide verification of how you are meeting your expenses or proof your expenses are not paid |



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.

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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.



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