



## McLennan County Indigent Health Care Program (CIHCP)

824 Washington Ave. Waco, TX 76701

### Required Documentation Checklist

You **MUST** include with your application the following:

- A copy of you and your spouse's official picture ID and Social Security Card. Examples:
  - Texas Driver's License
  - Texas ID Card
  - Permanent Resident Card
  - U.S. Passport
- Proof of benefits. Examples:
  - Food Stamp/SNAP Award Letter
  - Adult/Children's Medicaid
  - Subsidized Housing/Public Housing
  - TANF
- Proof of physical address in you're an/or your spouse's name, unless you don't have a fixed residence. Examples:
  - Utility or Other Bills
  - Voting Card
  - Rent or Mortgage Payment
  - Mail
- Proof of receiving assistance from family/friends. Examples:
  - Statement of Support
  - Letter from person that is aiding
- One month's worth of ALL of the following that *applies* to you and/or members of your household.
  - Pay Stubs
  - Unemployment Award Letter
  - Child Support
  - Social Security Disability
  - Social Security Income
  - Court Orders (settlements, divorce, etc.)
  - Alien Sponsor's Income
  - Cash Gifts and Loans
  - Pensions
  - RSDI Payments
  - Self-employment Income
  - Trust Funds, Stocks, Bonds, etc.
  - Worker's Compensation Payments
  - Any Money Received by a Member of the Household
- Current bank statement(s) or bank print out(s), if you or your spouse have a checking or savings account.

This includes personal and business.
- A copy of the Title(s) or Registration Form(s) on all the vehicles owned by you and/or your spouse.
- Payoff amount if you are still paying for the vehicle.
- If you and or any other household member has any form of medical insurance, include a copy of the insurance card.
- If you have any property, include information and value of the property. Property includes, trailers, vacant lots, recreational vehicles, etc.
- If you and/or your spouse have applied for Social Security Income, include a copy of the approval/denial letter(s).

If any other information is needed after your application and documents are reviewed, you will have 14 days to provide the needed information. However, if you do not bring in the required documentation within the 14-day deadline your case could be denied.

**If you have any questions, please call 254-757-5174**



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

**For Office Use Only**

Status <input type="radio"/> Application <input type="radio"/> Review	Date Form 3064 Requested/Issued	Date Identifiable Form 3064 Received	Case Record No.	Appointment Date and Time, if applicable
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Name (Last, First, Middle)	Home Area Code and Phone No.	Other Area Code and Phone No.
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Have you ever used another name? If so, list other names you have used.

Yes  No

Mailing Address (Street or P.O. Box)	Apt. No.	City	State	ZIP Code
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Home Address, if different from above. If it is rural, give directions.

1. On the chart below, fill in the first line with information about yourself. Fill in the remaining lines for everyone who lives in the house with you, whether or not you consider them household members.

Name (Last, First, Middle)	Social Security No. (if available)	Sex (Male/ Female)	Date of Birth	Relation to You	Are you a sponsored alien?
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No

**Note:** The word "household" in Questions 2 through 16 refers to you, your spouse and anyone else who lives with you and with whom you have a legal relationship. You do not need to include information on people who live with you but are not part of your "household."

2. What is your household's county and state of residence (where you make your permanent home)?

County: \_\_\_\_\_ State: \_\_\_\_\_ Do you plan to remain in this county and state?  Yes  No

3. Living Arrangements – Check all boxes that apply to your household.

- Own or paying for home     
  Live in a house provided by someone else     
  No permanent residence  
 Live with someone else     
  Rent house or apartment     
  Jail

4. List your average monthly household expenses.

Rent/Mortgage	\$
Utilities (gas, water, electric)	\$
Phone	\$
Transportation (such as gas, car payments, bus)	\$
Tax and Insurance on Home Per Year	\$
Other:	\$
Other:	\$
Other:	\$

Does anyone pay these household expenses for you?  Yes  No If Yes, who pays? \_\_\_\_\_

5. Are you or is anyone in your household receiving any of the following?  Yes  No

Temporary Assistance for Needy Families (TANF)  Food Stamps  Medicaid 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 Insurance (SSDI)?

Yes  No If Yes, who applied and when? \_\_\_\_\_

9. Do you or does anyone in your household have unpaid health care bills from the last three months?  Yes  No

If Yes, which months? \_\_\_\_\_

10. Do you or does anyone in your household have health care coverage (Medicare, health insurance, Veterans Affairs, Tricare, etc.)?

Yes  No If Yes, who? \_\_\_\_\_

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			-
2			-
3			-
4			-

13. Do you or does anyone in your household own or pay for a home, lot, land or other things?  Yes  No

14. Did you or did anyone in your household sell, trade, or give away any cash or property during the last three months?  Yes  No

15. Have you or has anyone in your household worked in the last three months?  Yes  No If Yes, who? \_\_\_\_\_

16. List all of your household's income below. Include the following: government checks; money from training or work; money you collect from charging room and board; cash gifts, loans or contributions from parents, relatives, friends and others; sponsor's income; school grants or loans; child support; and unemployment.

Name of Person Receiving Money	Name of Agency, Person or Employer Providing Money	Amount Received	How Often Received?

The statements I have made, including my answers to all questions, are true and correct to the best of my knowledge and belief. I agree to give eligibility staff and the county any information necessary to prove statements about my eligibility. I agree to report any of the following changes within 14 days:

- Income
- Resources
- Number of people who live with me
- Address
- Application for or receipt of SSI, TANF or Medicaid

I have been told and understand that this application will be considered without regard to race, color, religion, creed, national origin, age, sex, disability or political belief; that I may request a review of the decision made on my application or recertification for assistance; and that I may request, orally or in writing, a fair hearing about actions affecting receipt or termination of health care assistance.

I understand that by signing this application, I am giving the county the right to recover the cost of health care services provided by the county from any third party.

I agree to give the county any information it needs to identify and locate all other sources of payment for health care services.

I have been told and understand that my failure to meet the obligations set forth may be considered intentional withholding of information and can result in the recovery of any loss by repayment or by filing civil or criminal charges against me.

Before you sign, be sure each answer is complete and correct. If the applicant is married and the spouse is a household member, the spouse may also sign and date this form, even if the spouse is a disqualified household member.

\_\_\_\_\_  
Signature — Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature — Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature — Person Helping Complete Form 3604

\_\_\_\_\_  
Signature — Applicant's Representative

\_\_\_\_\_  
Signature — Witness (if applicant signed with "X")

\_\_\_\_\_  
Address of Person Helping Complete Form 3064 (Street, City, State, ZIP Code):

\_\_\_\_\_  
Area Code and Phone No.:

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 answer 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, rent 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) benefits. 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.