

COUNTY INDIGENT HEALTH CARE PROGRAM

To determine eligibility, the following information is required. Please review the items listed below and provide only the information that applies to you.

Identification

Texas Driver's License or ID/Other Official Identification (U.S. Passport, State or County Jail ID)

Permanent Resident Card

Social Security Card

Residence

Current Utility Bill or Current Mail (within last 30 days)

Management Verification Form (if you have no permanent residence, living with someone else or receiving utility assistance and/or cash contributions)

Statement of Residence (if residing in a Halfway House or Treatment Center)

Housing Assistance Letter

Income

Current Paycheck Stubs or Statement from Employer (if paid in cash)

Income Tax Return or Self-Employment Records

Child Support Income, Retirement Income, VA Pension or Worker's Compensation

SSI and/or Social Security Disability Benefits

Unemployment Benefits

Resources

Checking and/or Savings Account Statement

Title, Registration or Insurance for Vehicle

Other Information

Current Food Stamps Letter (if ineligible, provide a denial letter)

Verification of SSI and/or Social Security Application

Medicaid and/or Medicare Benefits

Class Schedule (if enrolled in college)

Parole Certificate

