



ZAVALACOUNTY

Zavala County Indigent Healthcare Program
200 E. Uvalde Street
Suite 9
Crystal City, Texas 78839
www.co.zavala.tx.us
Phone: 830-374-3810

ZAVALA COUNTY INDIGENT HEALTHCARE PROGRAM APPLICATION

The Zavala County Indigent Healthcare Program helps people pay for medical care on a short-term basis. Whether you are eligible depends on your income, what you own, where you live, help you receive, and other items.

To submit an application, fill out the attached forms and submit them along with all documentation requested. **You must provide your own copies** of the documentation. If you have any questions, you may call us at (830) 374-3810. Applications may be picked up in our office from 8:00 AM – 4:00 PM, Monday through Thursday. Completed applications may be returned to us by mail or delivered in person.

Once a completed application is received, a decision regarding your eligibility will be made within 14 business days. Our office will notify you by mail of the decision. We ask that you wait to call our office regarding your application until the 14 business day period has passed. **If your application is submitted and it is incomplete, it will be returned to you by mail with a request for additional information.** We will not review incomplete applications for eligibility.

You may be asked to apply for assistance through other program(s) before our department can determine your eligibility status. If you are asked to apply for assistance through other program(s) or you have applied but are awaiting an answer, your application may be held until you are determined to be ineligible for the other assistance program(s).

After turning in a completed application, you must report any household changes within 14 business days of the change. Examples of changes that require reporting are: address, income, employment, resources, number of people living in the home, and any information from other assistance program(s).



APPLICATION FOR HEALTH CARE ASSISTANCE

SOLICITUD DE ASISTENCIA DE ATENCIÓN MÉDICA

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:

Where You Live and Plan To Continue Living

Possible Proof: Mail that you received at your address; school records; voting records; property tax, rent or mortgage receipts; Texas driver's license; other official identification.

What You Own and What It Is Worth

Possible Proof: Property tax appraisals, estimates from car dealers, ads selling similar items, statements from real estate agents, bank statements.

Your Income

Possible Proof: Pay check stubs, pay checks, W-2 tax forms or income tax returns, sales records, statements from employers, award letters, legal documents, statements from persons giving you money.

Other Health Care Coverage

Possible Proof: Award or claim letters, insurance policies, court documents, other legal papers.

Information on social security numbers should be given if this information is available. Information on sex (Male/Female) is voluntary. These types of 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, if you have answered all the questions on the application, and if you 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.

El Programa de Atención Médica para Indigentes del Condado (CIHCP) ayuda a la gente a pagar los servicios médicos que necesita. La elegibilidad para esta ayuda depende de los ingresos del solicitante, sus posesiones, el lugar donde vive, otra ayuda que recibe o que podría recibir, y otras consideraciones. Asegúrese de:

- 1.) Poner su nombre y dirección;
- 2.) Firmar y fechar la tercera página de la solicitud; y
- 3.) Contestar tantas preguntas que pueda sobre esta solicitud.

Entregue su solicitud, o échela al correo, hoy mismo aun si no ha podido contestar todas las preguntas.

SUS RESPONSABILIDADES

Puede que le pidan pruebas de lo que escriba en su solicitud o de lo que diga en su entrevista. Si necesita ayuda para obtener las pruebas, la persona que le haga la entrevista le puede ayudar. Estos son algunos ejemplos de información que puede que tenga que probar y de documentos que le puede servir de prueba:

El Lugar Donde Vive O Donde Tiene Su Hogar Permanente

Posibles Pruebas: Correo que recibió en esa dirección; expedientes de de la escuela; registros de votante; recibos de impuestos, renta o hipoteca; la licencia para manejar de Tejas; otra identificación oficial.

Las Posesiones Que Tiene Y Cuanto Vale Cada Una

Posibles Pruebas: El avalúo para impuestos sobre la propiedad, avalúos hechos por vendedores de carros, anuncios de la venta de artículos parecidos, declaraciones de agentes que venden propiedades, estado de cuentas del banco.

Los Ingresos Que Tiene

Posibles Pruebas: Talones del cheque de paga, cheque de paga, comprobante de salarios e impuestos (Forma W-2), declaración de impuesto federal, el historial de ventas, declaraciones de empleadores, carta de concesión, documentos legales, declaraciones de personas que le dan dinero.

Otra Cobertura Para Gastos Médicos

Posibles Pruebas: Cartas de reclamación o de concesión, pólizas de seguros, papeles de la corte u otros documentos legales.

Si tiene a su disposición los números de seguro social, debe darlos. La información sobre el sexo (Hombre/Mujer) es voluntaria. Esta información no afectará su elegibilidad.

Debe dar información sobre seguros médicos y de cualquier tercero que tenga la responsabilidad de pagar los servicios médicos pagados por el condado en beneficio de usted y miembros de la unidad familiar. Al firmar y presentar esta solicitud, usted se compromete a darle al condado el derecho de recuperar el costo de servicios de un tercero.

Pueden pedirle que solicite Medicaid, Asistencia Temporal a Familias Necesitadas (TANF), o Seguridad de Ingreso Suplemental (SSI). Si le han pedido que solicite beneficios de alguno de estos programas o si usted ya los solicitó y está esperando la respuesta, su solicitud de CIHCP puede ser detenida hasta que decidan que no es elegible para los programas mencionados. Si no es elegible para estos programas, si ha contestado todas las preguntas de la solicitud, y si ha dado todos los comprobantes que piden, ya pueden procesar su solicitud. Entonces, el CIHCP tiene un plazo de 14 días para determinar su elegibilidad.

Después de entregar su solicitud, usted debe reportar dentro de un plazo de 14 días cualquier cambio de dirección, ingreso, recursos, el número de personas que viven con usted, o si solicita o recibe Medicaid, TANF, o SSI.



ZAVALA COUNTY

Indigent Program Required Documentation Checklist

Zavala County Indigent Healthcare Program
200 E. Uvalde Street, Suite 9
Crystal City, Texas 78839
www.co.zavala.tx.us
Phone: 830-374-3810

You must provide your own copies. All pages/documentation must be completed.

You may be asked to provide more information during the application review process.

Name: _____

Date: ____/____/____

Marital status

- Married Single (never married) Widowed Separated
 N/A Divorced (provide a copy of the Final Decree of Divorce – all pages)
 N/A Child Support Court Order

Supporting Documents

- N/A All checking account statements (Applicant/Spouse: Individual/Joint: for past 90 days)
 N/A All savings account statements (Applicant/Spouse: Individual/Joint: for past 90 days)
 N/A Paycheck stubs or Employer Earnings Statements (past 90 days Applicant Spouse)
 N/A Federal Income Tax Return (current year, including if claimed as dependent(s) on another person's tax return)
 N/A Unemployment compensation award or denial letter (Applicant Spouse)
 N/A Proof of registration from the Texas Workforce Commission (if unemployed; 60 years of age and under)
 N/A Workers compensation award or denial letter (Applicant Spouse)
 N/A Social Security award/denial letter OR proof of SSI filing (if unemployed Applicant Spouse)
 N/A Verification of benefits Adult Medicaid TANF Food Stamps (award/denial letter OR proof of filing)
 N/A Verification of benefits from Children's Medicaid (for anyone in your immediate household)
 N/A Verification of Veterans Benefits (Applicant Spouse)
 N/A Automobile registration/title (if the vehicle(s) is in Applicant/Spouse name)
 N/A Current balance owed on vehicle(s), if vehicle(s) is not paid off (if vehicle(s) is in Applicant/Spouse name)
 N/A Verification of any Retirement Plans, Payments, or Funds (if not in English, must be translated & notarized)
 N/A Verification of residence Lease agreement Mortgage info. Tax assessor info.
 N/A Current mail (addressed to you at your physical address, no older than 30 days from current application date)
 N/A Social Security Cards (copies are needed for anyone listed on Page 4 Question #1)
 N/A Texas Drivers License or Texas Identification Card (Applicant only - must show current address)
 N/A Passport (complete copy)
 N/A Birth Certificate (Applicant only - US-born citizens only)
 N/A Permanent Resident Card
 N/A Refugee
 N/A Certificate of Naturalization (Applicant only)
 N/A Form I-864 Affidavit of Support (copy of the ORIGINAL filed with INS for Permanent Resident applicants)



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

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.

<input type="checkbox"/> Own or paying for home	<input type="checkbox"/> Live in a house provided by someone else	<input type="checkbox"/> No permanent residence
<input type="checkbox"/> Live with someone else	<input type="checkbox"/> Rent house or apartment	<input type="checkbox"/> 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		-

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? _____

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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.

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