



DOCUMENTS THMP WILL ACCEPT

This form has examples of documents THMP will take. This list does not contain all documents that THMP will take. Please see the application for more information. Call your local agency or THMP with questions about documents.

You must fill out the whole application. We need the most up-to-date information. Please sign and date Section 8 before you turn it in.

You can find the most current application at: dshs.texas.gov/hivstd/meds/document.shtm.

(1) THMP needs proof of where you live. This proof must have your full name and be current and valid. If you are a **student living outside of Texas** to attend school, you may apply for THMP if you have: **a) a denial letter from ADAP in your school’s state, b) proof with the address where you live in Texas, and c) proof of school enrollment.**

(2) THMP needs proof of your current income. We need to know how much money you earn and how often you get paid. If you are married, we also need proof of income for your spouse. This includes if you are common law married. We also need to know how many children age of 17 and younger live with you. This includes your biological or adopted children and your stepchildren. We use this to figure out your family and household income.

If you do not earn income, we can accept other proof:

If you are a student:	We can take a letter that shows you are in school and your current financial aid award letter. This letter needs to be from your school, not from FAFSA.
If you pay your bills with savings:	We can take a copy of your most recent bank account statement. The bank statement should show deposits and withdrawals.
If you pay your bills with child support:	We need your child support letter from the Office of the Attorney General. If your child support is an informal agreement, we can take a letter from you <u>and</u> the other parent. Your child support document needs to say how much you get and how often.
If you are homeless:	Provide a letter from the shelter or agency worker about you and where you get mail.
If somebody else supports you:	We can take a copy of the THMP Supporter Statement. The person who supports you needs to fill out and sign the statement.

(3) If you are new to the program, ask your doctor to fill out a “Medical Certification Form” (MCF). This will tell us what medication you need.

THMP may ask for more information. This may include items such as a copy of your most recent IRS Tax Return Transcript or IRS Proof of non-filing.

Examples of Documents THMP will take:

<p style="text-align: center;"><u>Proof of Residency</u></p> <p>Choose one. Proof must be where you live and include your name.</p>	<p style="text-align: center;"><u>Proof of Income</u></p> <p>Choose one. Proof must show one month's worth of income.</p>	<p style="text-align: center;"><u>Proof of Insurance</u></p>
<p>Motor Vehicle Records:</p> <ul style="list-style-type: none"> • Valid/unexpired vehicle registration • Valid/unexpired Texas Driver's license • Auto insurance <p>State Documents:</p> <ul style="list-style-type: none"> • Valid/Unexpired Texas Driver's License, Texas State ID card • Active Medicaid, SNAP, or TANF benefit award letters • Unemployment letter <p>Federal Documents:</p> <ul style="list-style-type: none"> • Current Social Security, Medicaid or Medicare benefit letters, USPS receipt showing you changed your address, IRS Tax Return Transcript, IRS Verification of Non-Filing, W2 • Current voter registration <p>Copies of Bills (within 30 days from your signature date on application):</p> <ul style="list-style-type: none"> • Mortgage or rental agreement with signature page • Property tax documents • electric/gas, land-line phone, cable bills) <p>Other Documents (within 30 days from the client signature date on application):</p> <ul style="list-style-type: none"> • Current employment • records (pay stubs), proof of school enrollment, financial aid approval letter • Mail addressed to you that has envelope date-stamped with post-mark or meter mark from USPS • A letter from shelter or agency worker (signed and dated) for verification of Homelessness 	<p>Current Pay Stubs from Employment:</p> <ul style="list-style-type: none"> • Paystubs (30 continuous days of payment within the last 60 days) <p>Award Letters:</p> <ul style="list-style-type: none"> • Social Security Disability • Social Security Income • Veteran's benefits • Retirement benefits • Alimony benefits • Unemployment benefits <p>Wage Verification Form:</p> <ul style="list-style-type: none"> • Paid in cash or proof of a new job (for new job, include paystubs received, even if you only received one) <p>Copy of Tax Return:</p> <ul style="list-style-type: none"> • If self-employed, a copy of Your most recent Tax Return forms • Your tax return must be signed by you, or a tax preparer, or must include IRS Proof of E-filing • If you do not have a copy of your personal tax return, ask for a copy of your IRS Tax Return Transcript from the IRS. Ask for your Tax Return 30 days before your THMP application is due. <p>Self-Employment Log:</p> <ul style="list-style-type: none"> • DSHS self-employment log that shows earned income from the last 30 days. The log should include the type of work you do, how often you get paid, and the form of payment you receive (for example: cash, written check, barter). The log must be signed and dated. 	<p>If you have health insurance:</p> <ul style="list-style-type: none"> • Include proof of coverage, completed Copayment Assistance Form (Section 7 of the THMP application) • Include a copy of your insurance card (front and back) • If your insurance policy ended less than 90 days ago, submit proof policy ended such as a Certificate of Creditable Coverage or Certificate of Prior Coverage. <p>If you want to apply for COBRA help, provide the following:</p> <ul style="list-style-type: none"> • Proof of health insurance policy termination and Section 7 of the THMP application • Copies of COBRA paperwork, and a copy of insurance card (front and back), including a copy of your prescription benefit card • If you are eligible, THMP will pay your COBRA premium, prescription deductibles, and medication copayments.

Texas Self-Report for Medication Assistance
(Complete this form only if you are currently enrolled in THMP)

Your Self Report is due 6 months after your birth month. Please answer **all** questions below and provide required documents for **changes** in your income, residency or insurance status.

Mail your completed application to: Texas Department of State Health Services, ATTN:MSJA - MC 1873, P.O. Box 149347, Austin, TX 78714-9347 -OR- Fax to (512) 989-4011. Electronic copies of all program forms are at dshs.texas.gov/hivstd/meds/.

Section 1: Personal Information

Last Name:	First Name:	Middle Name:	Suffix (Jr., Sr., III):
------------	-------------	--------------	-------------------------

Do you have a Social Security Number (SSN)? <input type="checkbox"/> No <input type="checkbox"/> Yes	SSN (if you have one):	Date of Birth (mm/dd/yyyy):
--	------------------------	-----------------------------

Mailing Address - (You can use a P.O. Box or Rural Route):

City:	State:	Zip Code:
-------	--------	-----------

What is the best phone number to reach you at during business hours?

Section 2: Proof of Residency and Income

If where you live (residency) or how you support yourself (income) **has not changed**, please complete this form. **For changes**, provide a document listed on **Form: Documents THMP Will Accept** to show this change.

Residency—List your current address below:

Current Street Address (where you live now; do not use P.O. Boxes or Rural Routes):	Apartment Number
---	------------------

City	State	Zip Code
------	-------	----------

Have you moved since you your last THMP approval? No (no attachments needed)
 Yes, and I have included a copy of the following with my new address:
 Texas driver's license or Texas ID utility bill lease agreement other:

Income— Do you or your spouse have new income since your last THMP approval?
 No (no attachments needed) I/We have no income (no attachments needed)
 Yes I have / my spouse has a new job or a new source of support.

(Attach documents to show all income your spouse and you currently receive, including this new income, such as pay stubs, financial aid, unemployment, or retirement documents.)

Section 3: Health Insurance (If you have insurance, provide copy of front and back of insurance card.)

Do you have any health insurance? No (If no, please skip to Section 4) Yes

I am currently enrolled in one of the following: Medicare (Part A, B, C or D) Medicaid
 Private Health insurance Affordable Care Act (ACA/Marketplace Plan) COBRA

Section 4: Certification (Signature and date are required.)

By signing below, I verify that the information I provided in this form is true and correct to the best of my knowledge.

X.	
-----------	--

Signature of Applicant or Applicant Representative:	Date (required)
--	------------------------

Important: The applicant must sign this form if they fill it out in person. The applicant's parent or guardian must sign this form if the applicant is age 17 years or younger. The agency worker must sign this form if they fill it out with the applicant over the phone. Self-Reports by phone, must include the name, signature, and agency name of the staff member completing the form.

Staff Name:	Agency/Program:	Phone:	Fax:
-------------	-----------------	--------	------

To be completed by	Primary Reviewer	Date
secondary reviewer:	Secondary Reviewer	Date

Updates for the Texas Insurance Assistance Program (TIAP)

Complete this form only if you are currently enrolled in THMP.

If you answered YES to Section 3 of the Self-Report, you must complete this form. Applicants who are enrolled in THMP and now have PRIVATE INSURANCE should fill out this form. If you are a new THMP applicant, do not fill out this form. Instead THMP will request this information in **Form: Texas Application For Medication Assistance**. TIAP provides help with co-pays, coinsurance and premiums associated with COBRA plans and private insurance.

Section 1: Personal Information:

1. Last Name:	First Name:	Middle Name:	Suffix (Jr., Sr., III)
---------------	-------------	--------------	------------------------

2. Do you have a Social Security Number (SSN)? <input type="checkbox"/> No <input type="checkbox"/> Yes	SSN (if you have one):	3. Date of Birth (mm/dd/yyyy):
---	------------------------	--------------------------------

4. As we review your application, we may need to contact you by phone. What is the best phone number to reach you during business hours?

May we leave a voice mail? No Yes

4a. Please provide special instructions on how we should leave a message if you are not available?

Section 2: Insurance Information (Provide a copy of the front and back of your insurance card.)

5. **Are you enrolled in a private insurance plan or you have lost your insurance within the last 90 days?** No (please do not complete this form) Yes (please provide plan information below)

Insurance Name:

Individual Policy Number:

Insurance Phone Number:

Has your health insurance ended? **No** **Yes** If **yes**, provide **date insurance ended**:

6. Do you have an Affordable Care Act (ACA) Marketplace Plan? No Yes

Do you have an Individual, Non-ACA, Off Marketplace Plan? No Yes

Do you have a plan offered through an employer? No Yes

7. Do you have COBRA, or lost your Employer Health Insurance and are interested in COBRA?
 No Yes (If yes, please complete a-b below and submit copies of your COBRA paperwork and your payment coupon book to THMP with this application.)

a. Have you already submitted your COBRA paperwork? No Yes Date Submitted:

COBRA Administrator's Phone Number:

COBRA Election/Enrollment Due Date:

COBRA Initial Payment Due Date:

COBRA Account #:

b. To apply for COBRA assistance, you must call your plan and authorize "The Texas Department of State Health Services Texas Insurance Assistance Program" to speak to your health insurance plan representatives on your behalf. Date Completed:

Section 3: Certification (Signature and date are required.)

My answers are true. This application is for a change in services. My signature below affirms the agreement I signed on my initial THMP application. I verify that the information provided in this form is true and correct to the best of my knowledge.

X.	Date Required (mm/dd/yyyy)
----	----------------------------

Signature of Applicant (or signature of parent or guardian if the applicant is age 17 years or younger)