TEXAS Health and Human Services | Texas Department of State Health Services

THMP Temporary Out of State or Extra Medication Request Form

Fax to 512-989-4003

If you need an early or extended supply of medications, please fill out this form and fax to the number above. *THMP can provide limited exceptions to the normal ordering schedule.* ***You must be in Texas to pick up your 90-day supply.***

Name: _____ D.O.B. _____ THMP ID #: _____

Give the date of your departure and the date of your return. List the reason for your temporary departure (temporary job assignment, seasonal work, caring for sick family, migrant work, etc.) or why you need an early refill (medications were lost or damaged, etc.)

Date of Departure: _____ Date of Return: _____

(Choose One)

☐ 3-Month Supply (at normal time) ☐ Early Refill (one month)

Reason: _____

If you are a student attending an out of state university you must submit proof of enrollment **and** proof of ADAP denial from the state where you will attend school. This may allow monthly medication access through THMP at an out of state pharmacy based on your eligibility.

Based on your birth month recertification, your eligibility may be terminated upon your return to Texas. It is your responsibility to recertify your eligibility to maintain access to medications while you are temporarily out of Texas. In the event that you remain out of state longer than 90 days you may be required to fully reapply including current proof of Texas Residency.

Client Signature: _____ Date:_____

Notification Contact Phone Number: _____

To be completed by THMP Staff: _____	***Date:*** _____	
ADAP Early Refill (one month)	***Approved*** _____	***Denied*** _____
ADAP 3-month supply (at normal time)	***Approved*** _____	***Denied*** _____
Ramsell Out of State Monthly order	***Approved*** _____	***Denied*** _____