



TakeChargeTexas (TCT)

Self – Paced Learning



TakeChargeTexas Client Portal |

User Guide



I. Purpose

The TakeChargeTexas Client Portal User Guide outlines the new system and process steps Clients must follow to apply for programs and/or services.

II. How to Use this Guide

ICON	DESCRIPTION
	Notes Notes provide important information to consider when using the TCT Client Portal.
	Important This icon brings attention to very important details concerning the application process.
	Tips This icon indicates tips and shortcuts that may aid you while using the TCT Client Portal
	Flags This icon brings attention to any significant step in the process including the beginning and completion of a set of steps.
	Compliance This icon brings attention to rules and/or policies that must be followed when using the TCT Client Portal.

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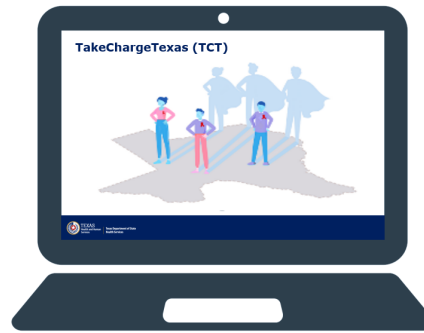
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IV. Intro to TakeChargeTexas TCT Client Portal

Overview of TakeChargeTexas Client Portal

TakeChargeTexas (TCT) Client Portal is a secure and centralized web portal system that streamlines the HIV Care Services (CARE) and Texas HIV Medication Program (THMP) application process to improve client service delivery and health outcomes for people with HIV in Texas.

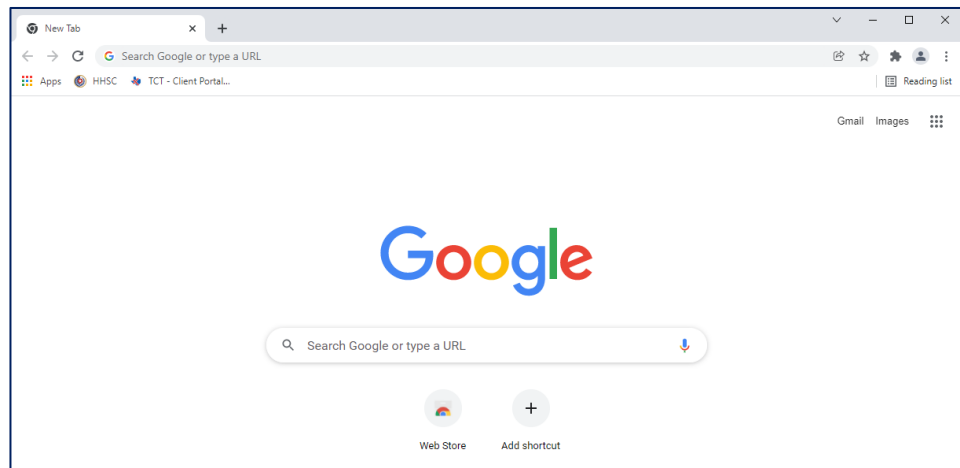


The TCT Client Portal is designed to be a one-stop shop for clients to apply for programs and services and check the status online from most internet ready devices and computers.

Accessing the TCT Client Portal

To access the TCT Client Portal, follow the steps below:

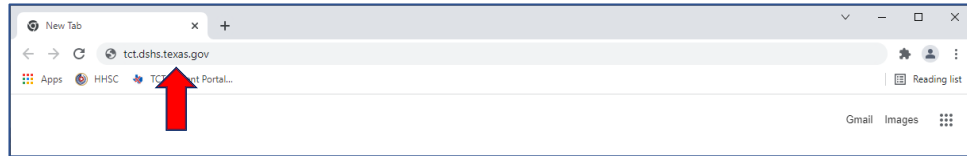
1. Open the Internet Browser (Google Chrome is displayed in the example)





Accessing the TCT Client Portal (cont'd)

2. Locate the address bar at the top of the internet browser window and type [TakeChargeTexas.gov](https://tct.dshs.texas.gov)



3. The TakeChargeTexas Client Portal website will appear.

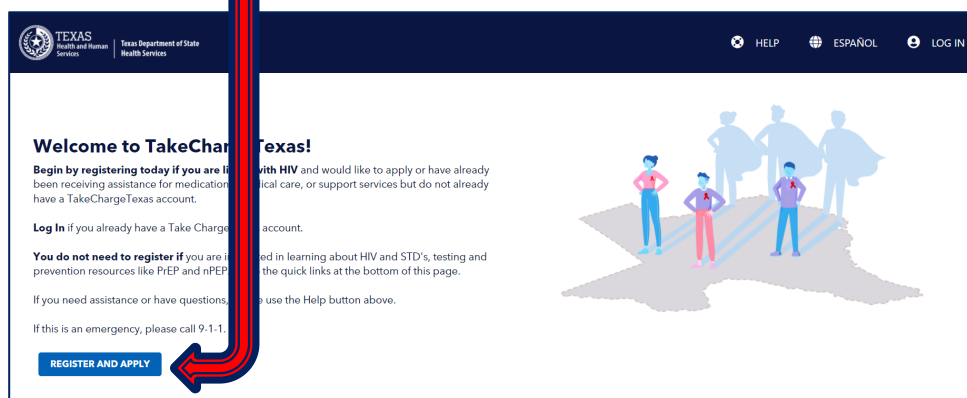


How to Register and Apply

Register in TCT

To register and apply for programs and/or services using the TCT Client Portal, follow the steps below:

1. Locate and click the blue Register and Apply button on the left of the screen.





How to Register and Apply (cont'd)

Term of Use Agreement

2. Review the Terms of Use.



TERMS OF USE

For Access to Texas Department of State Health Services' Take ChargeTexas.gov Client Portal

These Terms of Use establish requirements for access to and protection of TakeChargeTexas.Gov (TCT). Your responsibilities apply to the Enterprise portal, software application and data stored within TCT.

By accessing this site (TCT) you confirm:

- You are authorized to access the site.
- You understand TCT portal contains confidential information that must be safeguarded as required by applicable laws and regulations.
- You will safeguard the site and its contents from unauthorized use and Disclosure.
- You will comply with all applicable state and federal privacy, security and breach notification laws and regulations.
- You will only use this portal to manage your eligibility for care services and any benefits you may be eligible for. You will only use the portal to the minimum extent necessary to perform the authorized purpose.
- You will safeguard and will not disclose your access credentials, password or any other authorization that allows you to access the site or its contents, except as required by law.
- If you suspect your access credentials has been compromised, you will change your access credentials immediately and notify the HHS Chief Information Security Office through the HHSC Privacy Office at Privacy@hhsc.state.tx.us
- You will not disclose your user ID and password credentials to any other person except for those having legal authority to act on your behalf. You understand actions initiated under your credentials will be considered as having been authorized and electronically signed by you.
- You will not introduce any malicious code, such as a virus, worm or trojan horse into the site.
- You will maintain current protective anti-virus, anti-malware and encryption programs on devices from which you access the site.
- You will not enter any unauthorized or offensive information into the site.
- You will immediately notify the HHSC Information Security Officer through the HHSC Privacy Office at Privacy@hhsc.state.tx.us if you discover any unauthorized access or use of the site or any activity you suspect may compromise the confidentiality, integrity or availability of the site or its contents.
- You will cooperate fully with HHSC in the investigation and mitigation of any unauthorized access or use of the site.
- You acknowledge that by accessing state resources from any device or equipment may be subject to audit, forensic investigation, and that information not otherwise protected by privacy regulations or statute are potentially subject to open records request.
- You acknowledge that by using this online portal you are giving consent for your information to be shared with Texas Department of State Health services and the agencies that DSHS contracted with to provide services for which you may be applying.
- You understand that you have no right or ownership interest in the site or any of its contents.
- HHSC may revoke your access to the site if you breach these Terms of Use.
- You understand your failure to comply with any of these Terms of Use may also result in action by state and federal regulatory authorities.
- You agree and understand that any violation that occurs while authorized by you in the site could result in civil and or criminal penalties to include violation of Chapter 33 of Texas Penal code for computer crimes.

☐ I accept and agree to be bound by the above Terms of Use.

ACCEPT TERMS OF USE

If you agree to the Terms of Use when accessing the TakeChargeTexas Client Portal, locate the agreement statement at the bottom of the page.

- a. Click to place a checkmark in the box to the left of the agreement statement. This will enable the blue Accept Terms of Use button.



☒
I accept and agree to be bound by the above Terms of Use.

ACCEPT TERMS OF USE

- b. Click the Accept Terms of Use button.



Official Spanish UAG from takechargetexas.com

CONDICIONES DE USO

Para acceder al portal de clientes de Take ChargeTexas.gov del Departamento Estatal de Servicios de Salud de Texas.

Estas condiciones de uso establecen los requisitos para el acceso y la protección de TakeChargeTexas.Gov (TCT).
Sus responsabilidades conciernen al portal de la empresa, a la aplicación del software y a los datos almacenados dentro de TCT.

Al acceder a este sitio (TCT) usted confirma que:

- Tiene autorización para acceder al sitio.
- Entiende que el portal de TCT contiene información confidencial que debe ser protegida como lo exigen las leyes y reglamentos aplicables.
- Usted protegerá el sitio y su contenido del uso y la divulgación no autorizados.
- Usted cumplirá con todas las leyes y reglamentos estatales y federales aplicables en materia de privacidad, seguridad y notificación de infracciones.
- Usted sólo utilizará este portal para administrar sus requisitos de participación en los servicios de atención y cualquier beneficio al que pueda tener derecho. Sólo utilizará el portal en la medida mínima necesaria para cumplir el propósito autorizado.
- Usted protegerá y no divulgará sus credenciales de acceso, contraseña o cualquier otra autorización que le permita acceder al sitio o a su contenido, excepto cuando lo exija la ley.
- Si sospecha que sus credenciales de acceso han sido comprometidas, cambiará sus credenciales de acceso inmediatamente y avisará a la Oficina Central de Seguridad de Información enviando un correo electrónico a la Oficina de Privacidad de la HHSC al Privacy@hhsc.state.tx.us
- No revelará sus credenciales de identificación de usuario y contraseña a ninguna otra persona, excepto a aquellas que tengan la autoridad legal para actuar en su nombre. Usted entiende que las acciones iniciadas con sus credenciales se considerarán autorizadas y firmadas electrónicamente por usted.
- No introducirá ningún código malicioso, como un virus, un gusano o un troyano en el sitio.
- Mantendrá programas protectores antivirus, antimalware y de encriptación actualizados en los dispositivos desde los que accede al sitio.
- No ingresará ninguna información no autorizada u ofensiva en el sitio.
- Avisará inmediatamente al Oficial de Seguridad de Información de la HHSC enviando un correo electrónico a la Oficina de Privacidad de la HHSC al Privacy@hhsc.state.tx.us si descubre cualquier acceso o uso no autorizado del sitio o cualquier actividad que sospeche que pueda comprometer la confidencialidad, integridad o disponibilidad del sitio o su contenido.
- Cooperará plenamente con la HHSC en la investigación y mitigación de cualquier acceso o uso no autorizado del sitio.
- Usted reconoce que al acceder a los recursos del estado desde cualquier dispositivo o equipo puede estar sujeto a una auditoría o investigación forense y que la información que no está protegida por las regulaciones o estatutos de privacidad está potencialmente sujeta a la solicitud de registros abiertos.
- Usted reconoce que al usar este portal en línea está dando su consentimiento para que su información sea compartida con el Departamento De Servicios De Salud del Estado de Texas y las agencias que pueden administrar sus servicios, o donde usted puede recibir servicios.
- Entiende que no tiene ningún derecho ni ningún interés de propiedad sobre el sitio o cualquiera de sus contenidos.
- La HHSC puede revocar su acceso al sitio si no cumple con estas condiciones de uso.
- Entiende que su incumplimiento de cualquiera de estas condiciones de uso también puede dar lugar a acciones por parte de las autoridades reguladoras estatales y federales.
- Usted acepta y entiende que cualquier violación que ocurra en el sitio bajo su autorización podría dar lugar a sanciones civiles y penales para incluir la violación del capítulo 33 del Código Penal de Texas sobre los delitos informáticos.

☐ Acepto y estoy de acuerdo con las condiciones de uso anteriores.

ACEPTAR LAS CONDICIONES DE USO



How to Register and Apply (cont'd)

Creating Your Account



1. Enter your email address in the **Email** field to start creating your account.

Please enter your email address to start creating your account.

If you would like to register for a TakeChargeTexas account, you will need an email address. Remember: If you already have a TexasChargeTexas account simply **Log In**.

Email *

client@email.com

CONTINUE

Click the blue **Continue** button.

2. Check your email for a One-Time Passcode from TakeChargeTexas.

TakeChargeTexas HHS: One-time Password - This is your one time password 4425-574109. The first four digit...

This email will provide a 10-digit passcode. The 6-digits to the right of the dash will be used to create your account in the TCT Client Portal. **NOTE: Each time you log in, for security purposes, the system will send a new 6-digit passcode to the email you registered in the TCT Client Portal.**

3. Type the One-Time 6-digit passcode in the Passcode field to the right of the dash.

We sent an email to adrianswhite1981@gmail.com with a One-Time Passcode

Please check your email and enter your One-Time Passcode below

You will have **10 minutes** from when you receive the email to enter your one-time password and continue the registration process.

Passcode *

2954 - 674412

Verify

[Use a different email](#)

Click the blue **Verify** button.





How to Register and Apply (cont'd)

Creating a Username and Password

4. Enter a username in the Username field following the criteria.

Hello, lets continue your account creation process

Note: all fields marked * are required. If you need assistance, please use the Help button above.

- Username can contain a-z, A-Z, or 0-9
- Username can only contain the following special characters _ . @
- Numeric only usernames are not allowed

Please choose a username. You will **not** be able to change your username at a later time.

Username *

client123

NOTE: You will **NOT** be able to change your username at a later time.

CONTINUE

Click the blue Continue button.

5. Enter a password in the New Password & Re-Type Password fields following the criteria.

a) Enter a password in the New Password & Re-Type Password fields following the criteria.

- The password should not be empty
- At least 8 characters
- Maximum of 16 characters
- At least one lowercase letter
- At least one uppercase letter
- At least one number
- At least one special character e.g !@#\$%^&'()*+,-
- Both passwords match
- Password does not contain username
- Password does not contain first or last name

Please choose a password

New Password *

Re-Type Password *

Remember: Do not share your password

CONTINUE

b) Click the blue **Continue** button.

Required & Active Fields & Information

6. Update the basic information fields.

A red asterisk (*) is displayed next to the title of required fields.

Phone Number *

(##) ###-####

DL/State ID

XXXXXXXXXXXXXXXXXXXX

Are you currently or have you ever had Ryan White benefits?

☐ Yes ☐ No ☒ I don't Know

NOTE: This selection is used for support purposes

Click a radio button to make your selection.



How to Register and Apply (cont'd)

Required & Active Fields & Information (cont'd)

7. Enter the Date of Birth.

Enter **ALL** dates in the format displayed in the field
MM/DD/YYYY

OR

Click the calendar icon to add the date to ensure the correct format is entered.

Date of Birth *

01/01/1972



< January 1972 >
 January 1972
 Su Mo Tu We Th Fr Sa
 26 27 28 29 30 31 1
 2 3 4 5 6 7 8
 9 10 11 12 13 14 15
 16 17 18 19 20 21 22
 23 24 25 26 27 28 29
 30 31 1 2 3 4 5
 Today

Active Fields: Blue Bordered

Fields of information that have a blue border are called “active” fields. **Each time** you click inside a field to type, a blue border will appear.

Date of Birth *

01/01/1972



Account Confirmation

8. The Account Approval Confirmation message will appear.

Your Account has been approved!

You have successfully created your TakeChargeTexas Account. A confirmation message has been sent to your email. Use the login link on the top right to log in to your account.

Login Page →

Click the green **Login Page** button to navigate to the Login Page.

NOTE: To ensure the correct action is being made, **ALWAYS** click the specific button on the screen instead of clicking the Enter key on the keyboard.





How to Register and Apply (cont'd)



Quicklinks and Information

The Quicklinks and Information section provides shortcuts to specific resources such as:

- HIV/STD Testing & Services
- PrEP Providers in your area

Applied with a paper application?

You can still manage your benefits online. Once your information is reviewed you will be able to see it in **TakeChargeTexas**.

With an account you can

Apply for benefits, Check/Renew your benefits, Report changes, View notices, and Upload documents

Tips when applying for benefits

Be ready to answer questions about yourself, spouse and household members such as:

- Address where you are staying or live
- Date of birth and Social Security Number
- Money from all income sources
- Costs you pay for bills
- Types of insurance
- Value of cars, home or other properties you own

Please continue this process. Fill in as much information as you can. This will help speed up the review of your application after it is submitted. You can save your application progress and exit at any time.

Login to your account

User ID *

Password *

By clicking on this button you agree to State's user acceptance agreement

Login

[Forgot Password?](#) [Forgot Username?](#)

Quick Links

[Disease Information](#)

[PrEP Providers](#)

[HIV/STD Testing](#)

[HIV/STD Services](#)

[Specialist Referral Services](#)



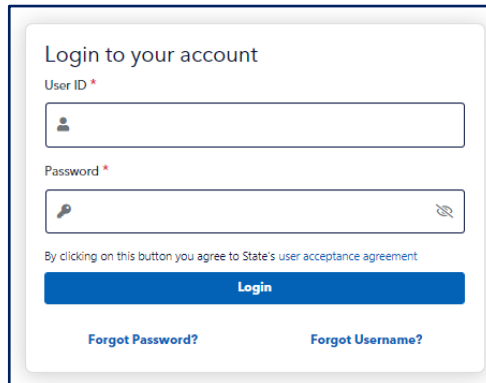
V. The TakeChargeTexas (TCT) Home Page

Using the Home Page

The green **Login Page** button will redirect the page to the TCT Login screen.



1. Log in with the Username & Password created during the registration process.

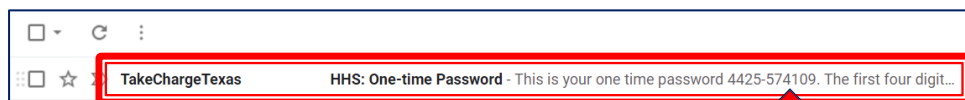


2. Click the blue **Login** button.

NOTE: Remember to **ALWAYS** click the specific button instead of pressing the Enter key on the keyboard.



3. Check your email for a One-Time Passcode from TakeChargeTexas.



This email will provide a 10-digit passcode. The 6-digits to the right of the dash will be used to create your account in the TCT Client Portal. **NOTE: Each time you log in, the system will send a new 6-digit passcode to the email you registered in the TCT Client Portal.**



Using the Home Page (cont'd)

4. Type the One-Time 6-digit passcode in the Passcode field to the right of the dash.

We sent an email to adrianswhite1981@gmail.com with a One-Time Passcode

Please check your email and enter your One-Time Passcode below

You will have **10 minutes** from when you receive the email to enter your one-time password and continue the registration process.

Passcode *

[Use a different email](#)

5. Click the blue **Verify** button.

The Dashboard

The Home Page is designed to provide the easiest way to apply and get status updates for programs and services.

The Dashboard is located on the left of the screen. This area is used to start the application process and provide statuses for programs and services that have been applied for.

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

HELP ESPAÑOL NOTIFICATIONS DASHBOARD LOGOUT

My Dashboard

Welcome to your dashboard

Welcome to your TakeChargeTexas benefits dashboard. You are currently not enrolled in any programs. Please click the 'Apply Now' button below to apply for all TakeChargeTexas programs. You will be able to begin your application process for medications, medical care, or support services. To learn more about TakeChargeTexas programs available to you please click here.

Welcome, Client

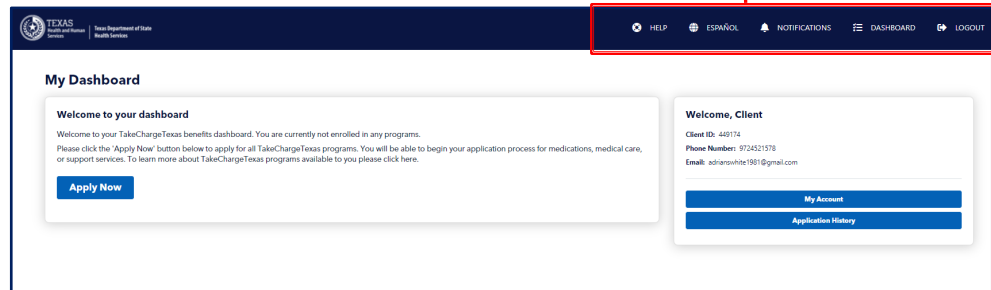
Client ID: 440174
Phone Number: 9724521578
Email: adrianswhite1981@gmail.com



Using the Home Page (cont'd)

The Menu Bar

The Menu bar is located at the top right corner of the screen. This area provides quick links and shortcuts to the Dashboard, Notification Center and logging out of the portal.

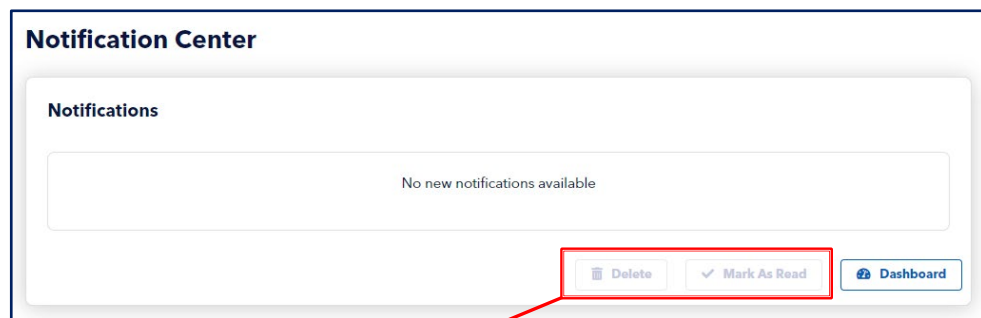


The Notification Center

The Notification Center menu is located on the Menu bar at the top right corner of the screen. Click Notifications to access the Notification Center.



The Notification Center will appear.



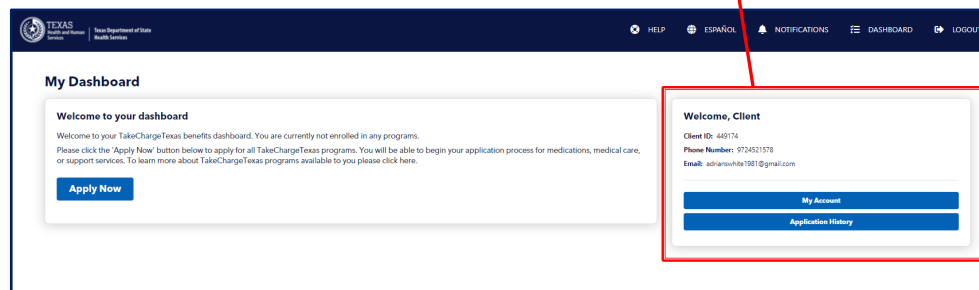
The grayed-out buttons will be enabled when new notifications arrive.



Using the Home Page (cont'd)

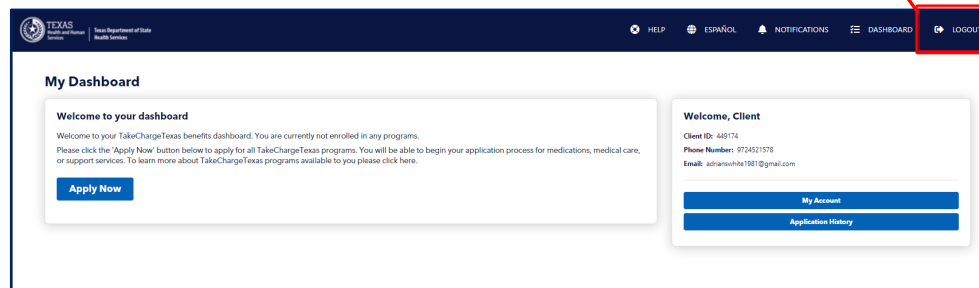
The Information Panel

The Information Panel is located at the bottom right corner of the screen. This area provides access to the My Account & Application History.



How to Log Out

To log out of the TCT Client Portal, locate and click the  **LOGOUT** link on the Menu bar at the top right corner of the screen.



The website will log out of your profile and the TakeChargeTexas login page will appear.



My Account & Application History

The My Account & Application History screens are accessed from the Information Panel.

My Dashboard

Welcome to your dashboard

Welcome to your TakeChargeTexas benefits dashboard. You are currently not enrolled in any programs. Please click the 'Apply Now' button below to apply for all TakeChargeTexas programs. You will be able to begin your application process for medications, medical care, or support services. To learn more about TakeChargeTexas programs available to you please click here.

[Apply Now](#)

Welcome, Client

Client ID: 449174
Phone Number: 9724521578
Email: adrianwhite1981@gmail.com

[My Account](#)

[Application History](#)

My Account

Click the My Account button to access the My Account screen.



1. The Personal Information section -	Personal Information Basic Info First Name: Alton Last Name: Midland Middle Name: Suffix: Alias: Date of Birth: 11/05/1979 Contact Info Email: awhite@mailinator.com Primary Phone: (972) 548-9523
2. The Account Security section allows the user to change the password to the TCT Client Portal. Click the CHANGE PASSWORD link to change the password.	Account Security It is good practice to change your passwords frequently. Use the link below to update your password. Password CHANGE PASSWORD
3. The Change password screen appears. Remember to type the old password first, The New Password next, And, re-type the new password.	Please follow password complexity rules Note: all fields marked * are required. If you have questions, please call customer support at 1-800-735-2939. Please choose a password Old Password * New Password * Re-Type Password * CONTINUE Password Guidelines - At least four characters in the new password must be different from the current password - The password should not be the same as the last 24 passwords used - The password will expire after 90 days and must be changed after expiration - Only one password reset is allowed per 24-hour period.



My Account & Application History (cont'd)

My Account (cont'd)

Manage Notifications – 4. Click the Edit button to make changes to the notifications. The screen will change allowing the individual notifications to be changed.	Manage Notifications Please select/deselect which notifications you would like to receive. Edit ☒ Self-Attest Reminder These are notifications about the semi-annual self-attestation of your information ☒ Recertification Reminder These are notifications about upcoming recertifications ☒ Application Status Updates Get alerts about application updates ☒ Pending Application Completion Reminder These are notifications for pending application completion
5. Click the blue toggle to disable the notification.	Manage Notifications Please select/deselect which notifications you would like to receive. Save ☒ Self-Attest Reminder These are notifications about the semi-annual self-attestation of your information ☒ Recertification Reminder These are notifications about upcoming recertifications ☒ Application Status Updates Get alerts about application updates ☒ Pending Application Completion Reminder These are notifications for pending application completion

ALWAYS Click the Save button after making changes.





My Account & Application History (cont'd)

Application History

To access the Application History, click the Application History button.



My Dashboard

Welcome to your dashboard
Welcome to your TakeChargeTexas benefits dashboard. You are currently not enrolled in any programs. Please click the 'Apply Now' button below to apply for all TakeChargeTexas programs. You will be able to begin your application process for medications, medical care or support services. To learn more about TakeChargeTexas programs available to you please click here.

[Apply Now](#)

Welcome, Client
Client ID: 449716
Phone Number: 9724521578
Email: ashtraywhite1981@gmail.com

[My Account](#)
[Application History](#)

The Application History screen will display with a list of the application(s) submitted.

Application ID	Application Type	Application Status	Submitted By	Submitted Date	Application PDF
147023	Application	Submitted	Matthew Signer	12/07/2021	Download

1. Locate the Application PDF column and click the [Download](#) link to access the application.
2. Next, click the [Open PDF](#) button located in the Application PDF column.

Application ID	Application Type	Application Status	Submitted By	Submitted Date	Application PDF
147023	Application	Submitted	Matthew Signer	12/07/2021	Open PDF

The document bar will appear at the bottom of the browser window.

Application ID	Application Type	Application Status	Submitted By	Submitted Date	Application PDF
147023	Application	Submitted	Matthew Signer	12/07/2021	Open PDF

15 Showing rows 1 to 1 of 1

[Back](#)

Application Summ...pdf [Show all](#)



My Account & Application History (cont'd)

Application History (cont'd)

3. Open the document to access the Application Summary.

Application ID	Application Type	Application Status	Submitted By	Submitted Date	Application PDF
147023	Application	Submitted	Matthew Signer	12/07/2021	Open PDF

15 Showing rows 1 to 1 of 1

[Back](#)

Application Summ....pdf [Show all](#)

The Application Summary will open in a new window.

Application Summary PDF_147023.pdf 1 / 9 56% + -

Application Summary 12/09/2021 09:42:56 p.m.

Application Summary

Application ID	Application Status	Application Date
147023	SUBMITTED	12/07/2021

Emergency Screening

Are you under 24 years old?	Are you pregnant?	Are you experiencing homelessness?	Have you been recently incarcerated (in the last 6 months)?	Is your CDR count below 100?	Have you been out of care for more than 6 months?
No	No	No	No	I don't know	No

My Service Needs

Selected Services

Substance Use

HIV Medications

About Me

Race/Ethnicity

The Application Summary will consist of several pages with sections of information submitted on the application.

NOTE: The number of pages in the Application Summary will vary depending on the amount of information in each section.



Accessing a Saved Application



To continue an application, navigate to the Dashboard and click the **Continue Application** button.

My Dashboard

Welcome to your dashboard

You have an application in progress. Please click on the continue application button below to continue your application process.

[Continue Application](#)

Welcome, Alton

Client ID: 435753

Phone Number: 9725489523

Email: awhite@mailinator.com

[My Account](#)

[Application History](#)



The application will open.

Learn More

Emergency Screening ✓

My Needs ✓

About Me ✓

My Relationships ✓

My Health

My Income

My Insurance

My Documents

Agency Selection

Review Application

Certify and Submit

Success

Learn More

Before you begin, here are some tips that may help you complete your application.

- Fill in as much information as you can. This will help speed up the review of your application after it is submitted.
- You will not be asked to document your citizenship or immigration status.
- A photo ID is not required but may be encouraged.
- Gather documents that can help you complete your application. You may need to provide some but not all of these documents:
 - Valid (unexpired) Texas Driver's License;
 - Texas State ID (including identification from criminal justice systems);
 - Recent pay stubs; or
 - Recent tax returns;
 - Recent benefits letters for other programs like COBRA, Food Stamp/TANF, Medicaid/Medicare, Social Security Administration (SSA), Supplemental Security Income (SSI) or Veterans Affairs (VA) Health Benefits;
 - Shelter letter from homeless shelter or temporary housing facility serving individuals experiencing homelessness or unstably housed.
- You may be asked to provide additional documents after you submit your application.

For questions about completing your application, go to the HELP button at the top of this page.

Know Before You Start

It will take about 45 minutes to complete this application.

You can save your application progress and exit at any time.

[Continue](#)

The first section of the TakeChargeTexas online application is **Learn More**. This section will be covered later in this user guide.

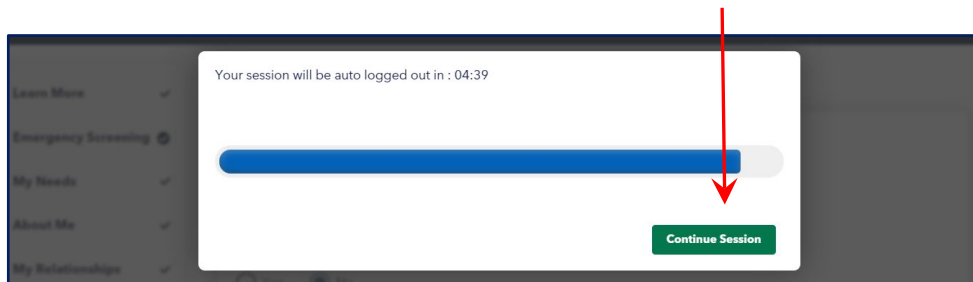


Session Timeout



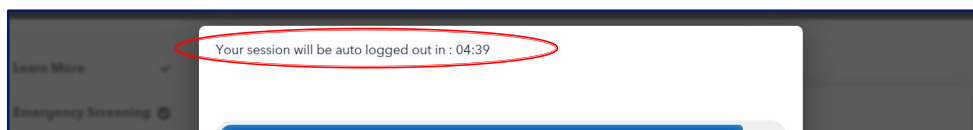
The TakeChargeTexas Client Portal will display the session timeout message when not in use for more than a few minutes.

Click the green **Continue Session** button to stay logged in to the TCT Client Portal.



The timeout window will go away and the system will return to the current screen.

The system may timeout before the time displayed on the screen.





VI. Starting the Application

Begin the Application: Apply Now



The My Dashboard area of the TakeChargeTexas home page provides the starting place for beginning the online application.

My Dashboard

Welcome to your dashboard

Welcome to your TakeChargeTexas benefits dashboard. You are currently not enrolled in any programs.

Please click the 'Apply Now' button below to apply for all TakeChargeTexas programs. You will be able to begin your application process for medications, medical care, or support services. To learn more about TakeChargeTexas programs available to you please click here.

Apply Now

Welcome, Cnew

Client ID: 470146
Phone Number: 9992221452
Email: cnew12522@gmail.com

My Account

Application History

To begin the online application, click the **Apply Now** button.

Consent Form

The Consent screen will appear.

Review the consent statement on the screen.



Consent Required

By clicking the "Sign Consent Form" button, I confirm that I have read and agree to the Terms of Use when creating my account.

I understand that before I submit my applications that I will be required to certify that the information in my application is true and correct to the best of my knowledge.

☒ By checking this box, I certify that I understand and accept this statement.

CANCEL **SIGN CONSENT FORM**

If you agree with the consent statement, place a check in the box of the certify statement. This will enable the Sign Consent Form button.

Click the blue **Sign Consent Form** button to provide consent.

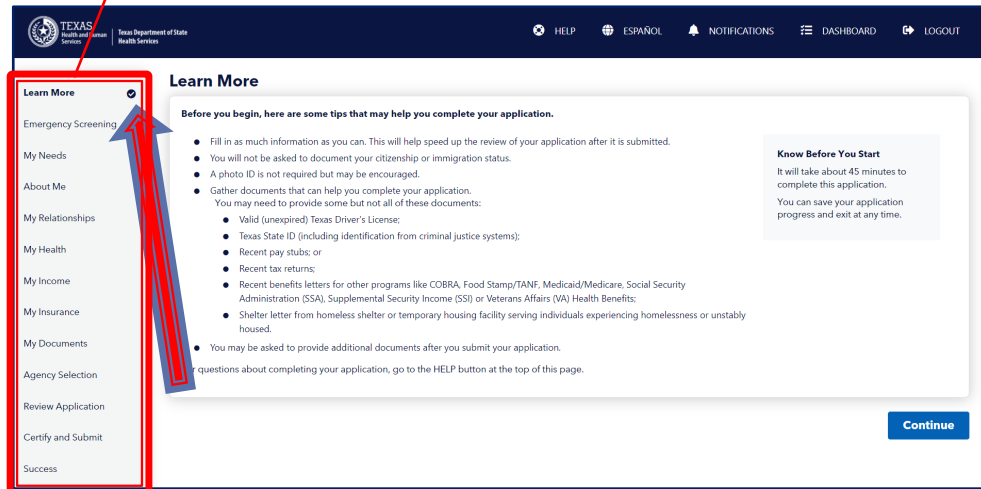




Learn More

The online application will appear.

The left panel of the screen contains a hyperlink to each section of the online application.

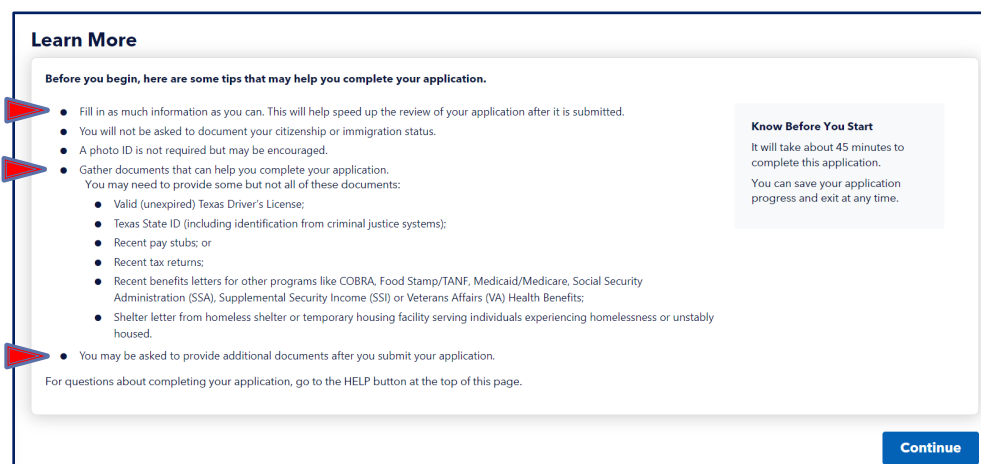


A check is displayed to the right of each completed section of the online application.

Learn More

The Learn More section contains tips that may help you complete your application. Tips such as:

- Gather documents that can help you complete your application.
- Fill out as much information as you can.



Click the blue continue button on the right of the screen to move to the next section of the application.



Emergency Screening

Emergency Screening

The Emergency Screening sections allows the staff to identify programs and services that may be of assistance to you.

Emergency Screening

Please fill out this quick screener before continuing with registration.

Are you under 24 years old?

☐ Yes ☐ No

Are you pregnant?

☐ Yes ☒ No

Are you experiencing homelessness?

☐ Yes ☐ No

Have you been recently incarcerated (in the last 6 months)?

☐ Yes ☐ No

Is your CD4 count below 100?

☐ Yes ☐ No ☐ I don't know

Have you been out of care for more than 6 months?

☐ Yes ☐ No

Back

Exit to Dashboard

Continue

1. Select the radio button to answer each question.
2. Click the blue continue button on the right of the screen to move to the next section of the application.

My Service Needs

The My Service Needs section allows you to let us know which services you need assistance accessing.

In order to best meet your needs, please select all services you need support accessing.

Select all that apply *

☐ HIV Medical Care (Finding a Doctor)

☐ HIV Medications

☐ Health Insurance Payment Assistance

☐ Dental Care

☐ Mental Health

☐ Substance Use

☐ Housing

☐ Food and Nutrition Assistance

☐ Returning to Care

☐ Finding transportation to help with appointments

☐ Other Care Services

Back

Exit to Dashboard

Continue

1. Place a check in the box to the left of the service(s) you need support accessing.
2. Click the blue continue button on the right of the screen to move to the next section of the application.



VII. Updating the Application Sections

About Me

About Me

The About Me section contains the Basic Information screen.

The Basic Information section contains two (2) subsections:

- Personal Information
- Contact Information



Basic Information

1 Personal Information

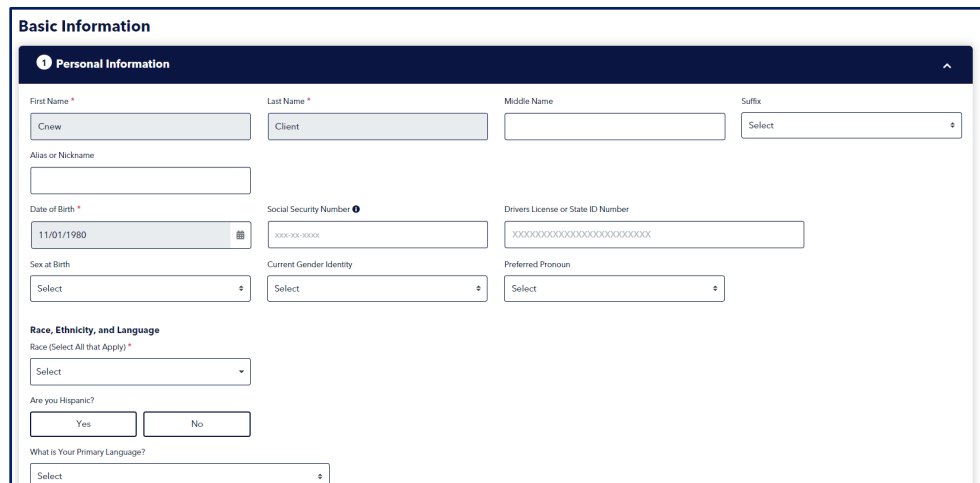
2 Contact Information

Back Exit to Dashboard Continue

In the screenshot above, the sections are collapsed.

When you first access the About Me section, the sections are expanded.

See the screenshot below.



Basic Information

1 Personal Information

First Name * Cnew

Last Name * Client

Middle Name

Suffix Select

Alias or Nickname

Date of Birth * 11/01/1980

Social Security Number * 1234-5678-9010

Drivers License or State ID Number XXXXXXXXXX-XXXX-XXXX-XXXX-XXXX

Sex at Birth Select

Current Gender Identity Select

Preferred Pronoun Select

Race, Ethnicity, and Language

Race (Select All that Apply) * Select

Are you Hispanic? Yes No

What is Your Primary Language? Select



About Me (cont'd)

Personal Information

In the Personal Information section, click inside the fields that are not grayed-out to type into the field. If the cursor appears, you're able to type into the field. Fields with a red asterisk (*) to the right of the title of the field are required.

1 Personal Information

First Name * Last Name * Middle Name Suffix

Alias or Nickname

Date of Birth * Social Security Number Drivers License or State ID Number

Sex at Birth Current Gender Identity Preferred Pronoun

NOTE: The grayed-out fields were updated during the registration process and cannot be updated while applying. Program staff will reach out to you if the First Name, Last Name or Date of Birth need to be updated based on supporting documentation.

INCLUDING YOUR SOCIAL SECURITY NUMBER (SSN) INTO THE SECURE ONLINE APPLICATION WILL HELP PREVENT ANY DELAYS. NOT HAVING A SOCIAL SECURITY NUMBER WILL NOT DISQUALIFY YOU FROM PROGRAMS AND/OR SERVICES.

Alias or Nickname

Date of Birth * Social Security Number Drivers License or State ID Number

Sex at Birth Current Gender Identity Preferred Pronoun

Social Security Number
Including your SSN will prevent delays.

Race, Ethnicity, and Language

1. To update your race, click the down-arrow to the right of the field and select all that apply.

Race, Ethnicity, and Language

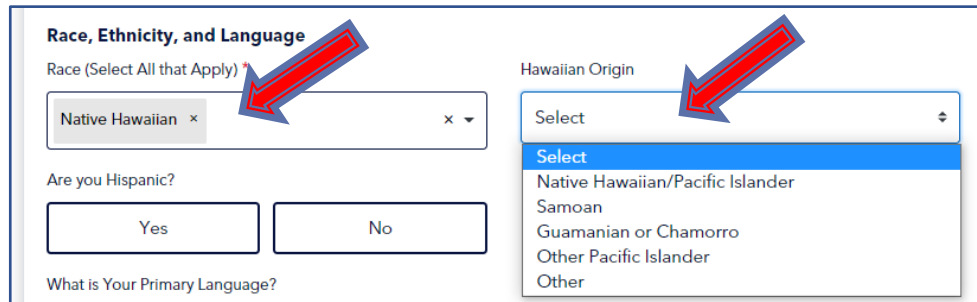
Race (Select All that Apply) *



About Me (cont'd)

Race, Ethnicity, and Language (cont'd)

In the example below, the race Native Hawaiian has been selected. In the new field to the right, you're able to define the Hawaiian Origin.



Race, Ethnicity, and Language

Race (Select All that Apply) *

Native Hawaiian x

Are you Hispanic?

Yes No

What is Your Primary Language?

Hawaiian Origin

Select

Select

Native Hawaiian/Pacific Islander

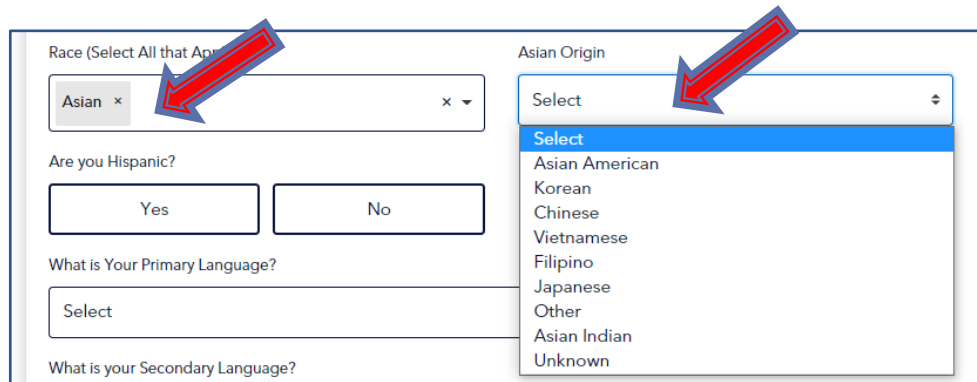
Samoan

Guamanian or Chamorro

Other Pacific Islander

Other

In this example, the race Asian has been selected. In the new field to the right, you're able to define the Asian Origin.



Race, Ethnicity, and Language

Race (Select All that Apply) *

Asian x

Are you Hispanic?

Yes No

What is Your Primary Language?

Select

What is your Secondary Language?

Asian Origin

Select

Select

Asian American

Korean

Chinese

Vietnamese

Filipino

Japanese

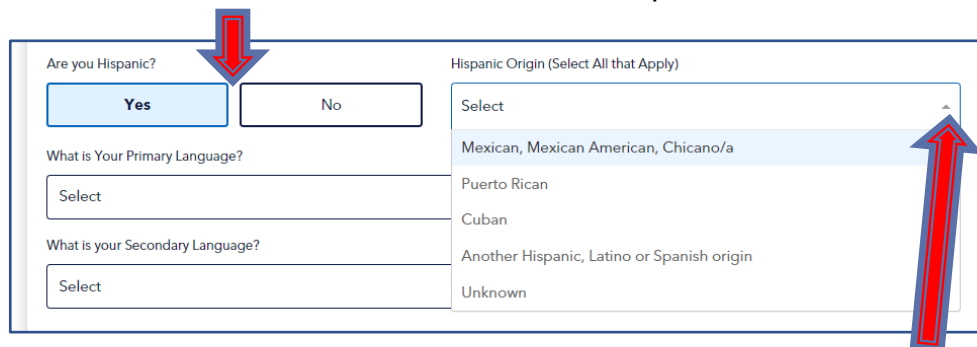
Other

Asian Indian

Unknown

2. Answer the question “Are you Hispanic?”.

3. Click the **Yes** or **No** button to answer the question.



Race, Ethnicity, and Language

Are you Hispanic?

Yes No

What is Your Primary Language?

Select

What is your Secondary Language?

Select

Hispanic Origin (Select All that Apply)

Select

Mexican, Mexican American, Chicano/a

Puerto Rican

Cuban

Another Hispanic, Latino or Spanish origin

Unknown

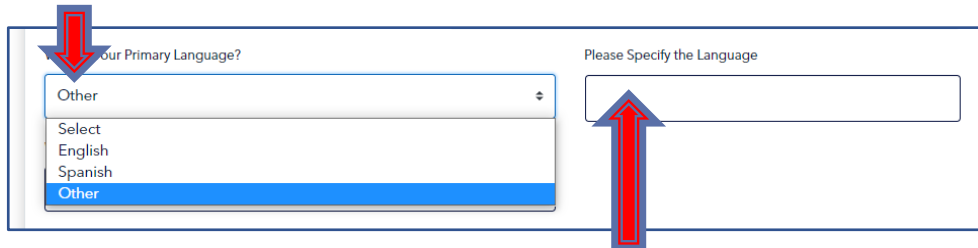
4. If yes, click the down arrow to update the new Hispanic Origin field to the right.



About Me (cont'd)

Race, Ethnicity, and Language (cont'd)

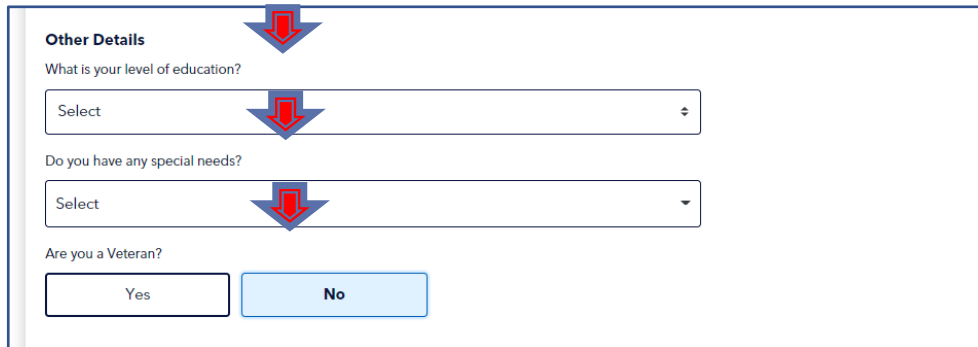
- Next, click the down arrow to update the Primary Language and Secondary Language fields, if needed.



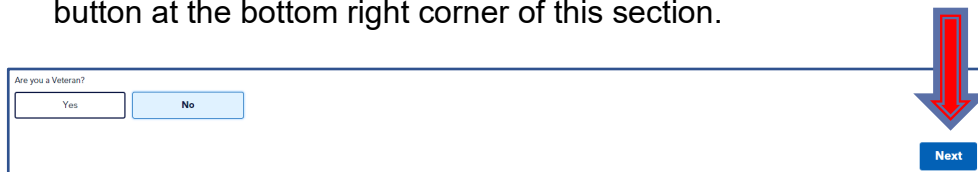
If you select Other, update the Please Specify the Language field to the right.

Other Details

- Answer the questions regarding level of education and special needs.



- Once all fields have been updated, locate and click the blue Next button at the bottom right corner of this section.



The Personal Information section will collapse and the Contact Information system will expand.



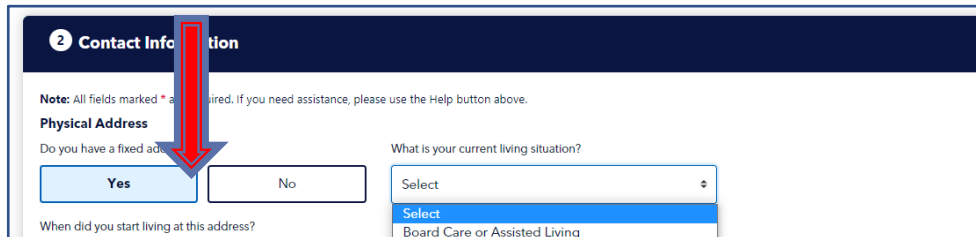
About Me (cont'd)

Contact Information

Physical Address

Answer the question regarding Physical Address.

1. Click the **Yes** or **No** button to answer the question.



2 Contact Information

Note: All fields marked * are required. If you need assistance, please use the Help button above.

Physical Address

Do you have a fixed address?

Yes **No**

When did you start living at this address?

What is your current living situation?

Select

Select

Board Care or Assisted Living

2. Update the address fields with the current address that you live at now.

Current street address that you live now.

Address Line 1 *

Address Line 2

City *

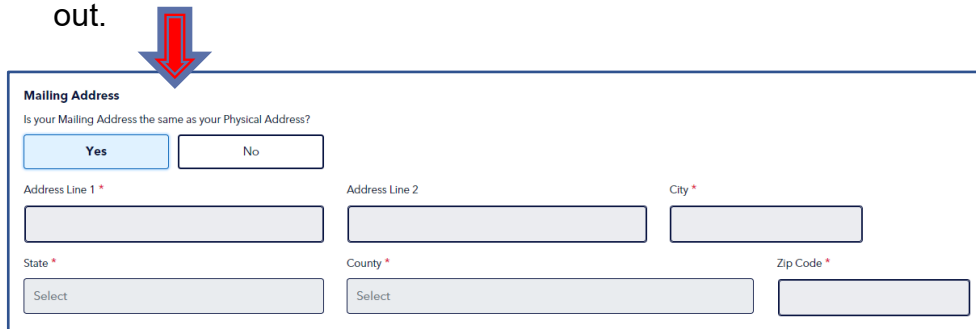
State *

County *

Zip Code *

Mailing Address

3. For mailing address, click the **Yes** or **No** button to answer the question. If Yes is selected, the address fields will appear grayed-out.



Mailing Address

Is your Mailing Address the same as your Physical Address?

Yes **No**

Address Line 1 *

Address Line 2

City *

State *

County *

Zip Code *



About Me (cont'd)

Mailing Address (cont'd)

4. If no, enter the address details in each field. Remember, fields with a red asterisk (*) to the right of the title of the field are required.

Current street address that you live now.

Address Line 1 *	Address Line 2	City *
State *	County *	Zip Code *
Select	Select	

Other Contact Info

In the Other Contact Info section, the primary email address and phone number that was entered during registration will appear grayed-out and cannot be edited.

Other Contact Info

Email *	Alternate Email
cnew12522@gmail.com	
Primary Phone *	Secondary Phone
(999) 222-1452	###-###-####

5. Add an additional email address and/or phone number in the fields, if needed.

Contact Preferences

6. In the Contact Preferences section, select how you would like to be contacted going forward. Click the down arrow to the right and select as many as apply.

Contact Preferences

Select how you would like to be contacted going forward. This will help us understand how we can best reach out to you about your services. *

Email x Primary Phone x x v

Should emails be confidential? *

Can we call you on your primary phone? *

Can we text you on your primary phone? *

Can we leave a voice message on your primary phone? *

Should primary phone voice message be confidential? *

This additional field will appear when **Yes** is selected on the previous question.





About Me (cont'd)

Emergency Contact Information

- Fill in as much information as possible in the Emergency Contact Information section such as the name, address and phone number.

Emergency Contact Information

Relationship

Aunt

First Name

Anew

Last Name

Client

Is this person aware of your HIV status?

☐ Yes
 ☐ No
 ☐ I don't know

Address Line 1

123 Client Road

Address Line 2

City

Dallas

State

TEXAS

County

Dallas

Zip Code

75203

Phone Number

(972) 801-1102

Is this number confidential?

☒ Yes
 ☐ No

Can we leave a message on this number?

☒ Yes
 ☐ No

Alternate Phone Number

(000) 000-0000

Is this number confidential?

☐ Yes
 ☐ No

Can we leave a message on this number?

☐ Yes
 ☐ No

Back

Next

Exit to Dashboard

Continue

- Locate and click the blue **Next** button.

The sections will collapse as complete.

Basic Information

1 Personal Information

2 Contact Information

Back

Exit to Dashboard

Continue

- Click the blue **Continue** button.





My Relationships

My Relationship Details

This section allows you to update your Marital Status and information about your household.

My Relationship Details

Note: All fields marked * are required. If you need assistance, please use the Help button above.

Marital Status

What is your current Marital Status? *

Divorced

Divorced Date

MM/DD/YYYY

Household Details

Do other people live in your home? *

☐ Yes
 ☐ No

Household Members

Please add information for each person in your household. If you are adding your spouse, provide their medical insurance information to help see if you may qualify for additional services.

[Add a Household Member](#)

Marital Status

- For Marital Status, click the down arrow on the right of the field to select the Marital Status.

Marital Status

What is your current Marital Status? *

Divorced

Divorced Date

MM/DD/YYYY

- Based on the selection, update any information or date fields that appear.

Household Details

- For Household Details, select the radio button to answer the question.

Household Details

Do other people live in your home? *

☒ Yes
 ☐ No

How many people, including yourself, live in your home?

How many people under age 18, including yourself, live in your home?

- If **Yes** is selected, update any information or date fields that appear.

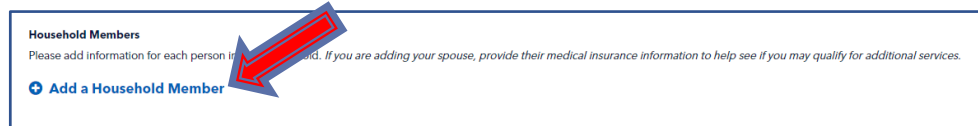


My Relationships (cont'd)

Household Members

In this section, add information for each person in your household.

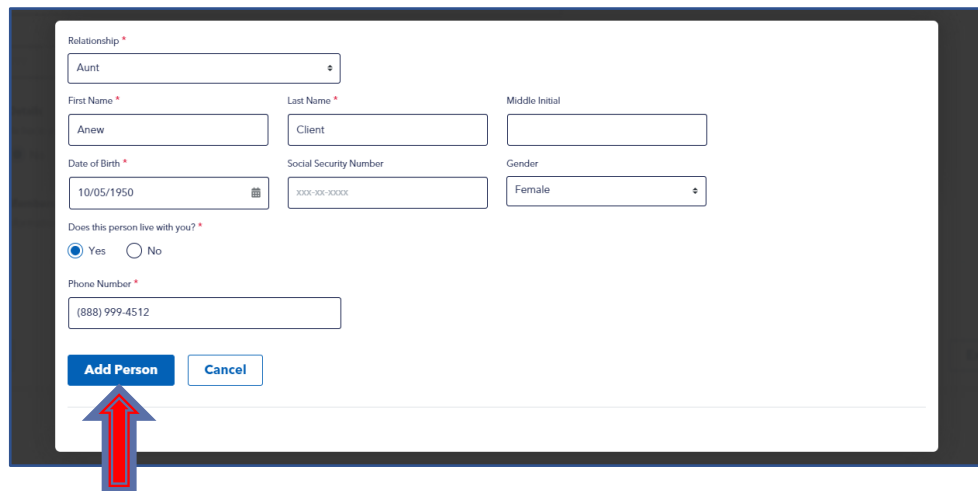
- Click the blue **Add a Household Member** link.



Household Members
 Please add information for each person in your household. If you are adding your spouse, provide their medical insurance information to help see if you may qualify for additional services.

[Add a Household Member](#)

- A new window will appear. Complete each required field to add the household member. Fields with an asterisk (*) are required.



Relationship *
 Aunt

First Name * Anew **Last Name *** Client **Middle Initial**

Date of Birth * 10/05/1950 **Social Security Number** XXX-XX-XXXX **Gender** Female

Does this person live with you? *

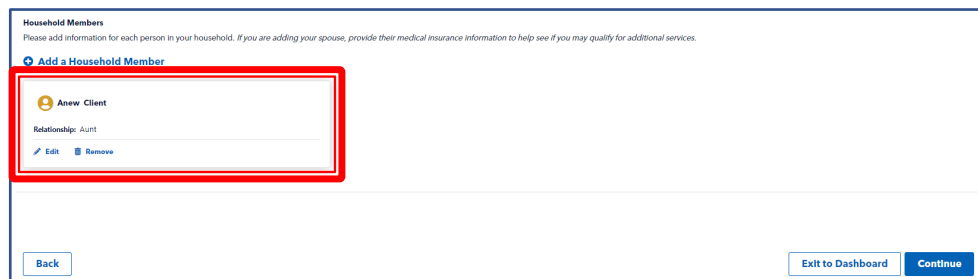
☒ Yes ☐ No

Phone Number *
 (888) 999-4512

Add Person **Cancel**

Click the blue **Add Person** button.

The household member is added to the Household Members section.



Household Members
 Please add information for each person in your household. If you are adding your spouse, provide their medical insurance information to help see if you may qualify for additional services.

[Add a Household Member](#)

Anew Client
 Relationship: Aunt
[Edit](#) [Remove](#)

Back **Exit to Dashboard** **Continue**



Click the blue **Continue** button to move to the next section of the online application.



My Health



Health Details

Primary Care

1. To select the Primary Care Type, click the down-arrow to the right.

My Health

Health Details

Note: All fields marked * are required. If you need assistance, please use the Help button above.

Primary Care

Primary Care Type *

Private MD

Select

Alternative/Complementary Care

County Medical and DPH Clinics

Community Based Clinics - Public

Community Based Clinics - Private

HMO Hospital/Clinics

VA Hospital

CHAMPUS

Federally Qualified Health Center/Hospital

Other

Private MD

Emergency Room

No Primary Care

Unknown

Remember to fill in the supporting fields based on the Primary Care Type selected.

Primary Care

Primary Care Type *

Private MD

Primary Care Physician

Dr. Thee Doctor

Primary Care Physician Phone Number

(888) 111-2225

Date of last visit to primary care physician?

MM/DD/YYYY

2. Answer the question regarding pregnancy.

Primary Care Physician Phone Number

(888) 111-2225

Date of last visit to primary care physician?

MM/DD/YYYY

If applicable, are you currently pregnant? *

☐ Yes
 ☒ No
 ☐ I don't know

This will allow the program staff to find any programs and/or services available to you.



My Health (cont'd)

Primary Care (cont'd)

3. Next, if you have a Chronic Medical Condition, place a check in the box to the left of the Chronic Medical Condition(s).

Chronic Medical Conditions *

☐ Alcohol abuse
☐ Alzheimer's Disease and Related Dementia
☐ Arthritis (Osteoarthritis and Rheumatoid)
☒ Asthma
☐ Atrial Fibrillation
☐ Autism Spectrum Disorders
☐ Cancer (Breast, Colorectal, Lung, and Prostate)
☐ Chronic Kidney Disease
☐ Chronic Obstructive Pulmonary Disease
☐ Depression
☐ Diabetes
☐ Drug Abuse/ Substance Abuse
☐ Heart Failure
☐ Hepatitis (Chronic Viral B & C)
☒ HIV/AIDS
☐ Hyperlipidemia (High cholesterol)
☐ Hypertension (High blood pressure)
☐ Ischemic Heart Disease
☐ Osteoporosis
☐ Schizophrenia and Other Psychotic Disorders
☐ Stroke
☐ Other

4. Next, Answer the question about your ability to work? Select a radio button to make your answer.

Medically able to work? *

☐ Yes
 ☐ No
 ☐ I don't know

HIV/AIDS Status & History

5. In this section, select a radio button to make your answer for each question. If **Yes** is selected, update any fields that appear below or to the right of the screen.

HIV/AIDS Status & History

Have you been tested for HIV? *
☒ Yes
 ☐ No
 ☐ I don't know

Do you have a recent AIDS diagnosis? *
☒ Yes
 ☐ No
 ☐ I don't know

Date of AIDS diagnosis?

What was your test result?
☐ Positive
 ☐ Negative
 ☐ I don't know
 ☐ Indeterminate

6. Locate and click the blue Continue button at the bottom right corner of the screen to move to the next section of the online application.

[Exit to Dashboard](#)
[Continue](#)





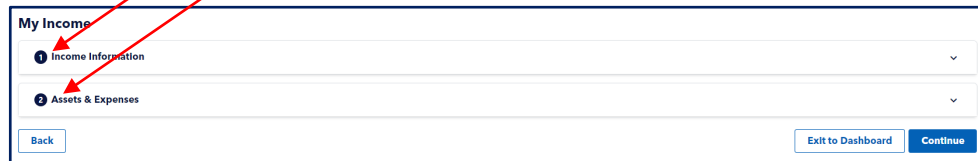
VIII. Updating the Application Sections

My Income

Income Information

The My Income section contains two (2) subsections:

- Income Information
- Assets & Expenses



My Income

1 Income Information

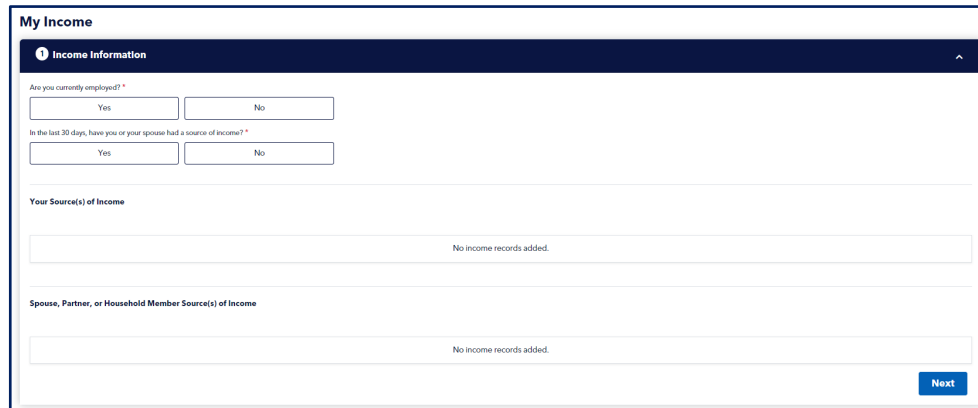
2 Assets & Expenses

Back Exit to Dashboard Continue

In the screenshot above, the sections are collapsed.

When you first access the My Income section, the sections are expanded.

See the screenshot below.



My Income

1 Income Information

Are you currently employed? *

Yes No

In the last 30 days, have you or your spouse had a source of income? *

Yes No

Your Source(s) of Income

No income records added.

Spouse, Partner, or Household Member Source(s) of Income

No income records added.

Next



My Income (cont'd)

Income Information

1. In the Income Information section, click the **Yes** or **No** buttons to answer the questions. Fields with a red asterisk (*) to the right of the title of the field are required.

2. If **No** is selected for both questions, locate and click the **Next** button at the right of the Income Information section.

If **Yes** is selected, a blue **Add an Income** link will appear in the Your Source(s) of Income section below.

THE MY DOCUMENTS SECTION OF THIS USER GUIDE PROVIDES DETAILED INSTRUCTIONS ON HOW TO UPLOAD SUPPORTING DOCUMENTS.

3. On the new window, fill in the information in each required field and click the blue **Add Income** button.

The income is added to the section.

4. Click the blue **Next** button to go to the Assets & Expenses section.



My Income (cont'd)



Assets & Expenses

1. In this section, answer the questions regarding your personal assets and ownership.

Assets & Expenses

Do you own a house?

Do you own a car?

Dollar amount of other assets

\$

Does anyone else help towards your monthly expenses like rent and utilities? (Partner/Spouse, Roommate)

How much do they contribute?

\$

2. If **Yes** is selected, enter the dollar amounts in the appropriate fields.
3. Click the blue **Done** button to the right of the section.

The sections will collapse and a check is located to the left of the subsection name.

My Income

☒ Income Information

☒ Assets & Expenses

4. Click the blue **Continue** button to move to the next section of the online application.



My Insurance

Insurance Details

In this section, you're able to provide information about your medical insurance.

1. Click the down arrow to make your selection(s)



My Insurance

Insurance Details

Note: All fields marked * are required. If you need assistance, please use the Help button above.

Do you have any of the following insurance benefits? (Select all that apply)

Select

Other comprehensive healthcare plans

Patient assistance programs (PAPs)

Private/employer insurance or Veteran's Affairs (VA) insurance

I do not currently have health insurance or have lost my insurance more than 90 days ago

I don't know

If you **do not** have any medical insurance, select **"I do not currently have health insurance..."** from the list.

My Insurance

Insurance Details

Note: All fields marked * are required. If you need assistance, please use the Help button above.

Do you have any of the following insurance benefits? (Select all that apply)

I do not currently have health insurance or have lost my insurance more than 90 days ago

Back

2. Click the blue **Continue** button to the right.

If you **do** have medical insurance, through an employer, select **"Private/employer Insurance or Veterans Affairs (VA) Insurance"** from the list.

My Insurance

Insurance Details

Note: All fields marked * are required. If you need assistance, please use the Help button above.

Do you have any of the following insurance benefits? (Select all that apply)

Select

Other comprehensive healthcare plans

Patient assistance programs (PAPs)

Private/employer insurance or Veteran's Affairs (VA) insurance

I do not currently have health insurance or have lost my insurance more than 90 days ago

I don't know



My Insurance (cont'd)

Insurance Details (cont'd)

- Based on the selection, a new section with fields of information may appear. Fill in the fields that appear.

Insurance Details

Note: All fields marked * are required. If you need assistance, please use the Help button above.

Do you have any of the following insurance benefits? (Select all that apply)

Private/employer insurance or Veteran's Affairs (VA) insurance
 ×

Private/employer insurance or Veteran's Affairs (VA) insurance

Start Date	End Date
01/01/2019	MM/DD/YYYY
Insurance Name	
Blue Cross/Blue Shield	
Member ID Number	Insurance Plan Phone Number
ABC123XY	(888) 999-2211

[Exit to Dashboard](#)
[Continue](#)

- Click the blue **Continue** button on the right to move to the next section in the online application.



THE NEXT SECTION IN THE TAKECHARGE TEXAS ONLINE APPLICATION IS MY DOCUMENTS. IN THIS SECTION, YOU WILL BE ABLE TO UPLOAD SUPPORTING DOCUMENTS TO ATTACH TO YOUR APPLICATION SUCH AS:

- PROOF OF INCOME
- PROOF OF RESIDENCY
- PROOF OF INSURANCE

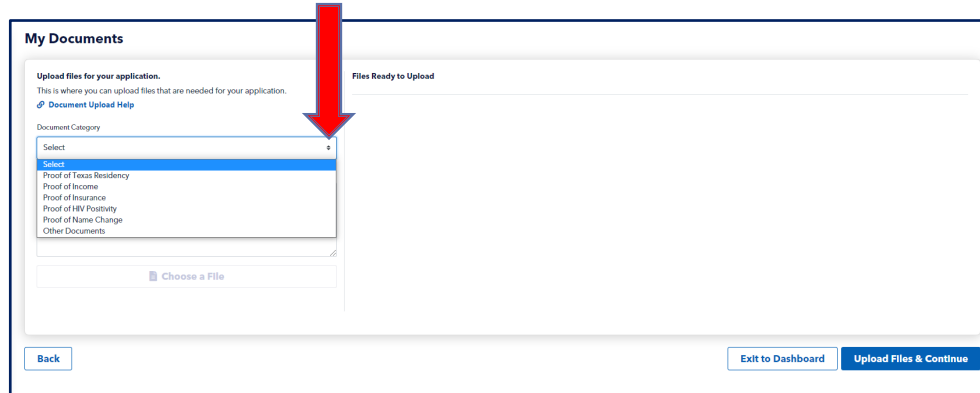
HAVE THESE DOCUMENTS READY FOR UPLOAD IN THE NEXT SECTION.



My Documents

The My Documents section allows you to upload and attach files and/or supporting documents to your online application.

1. Click the down arrow to select the Document Category for the document being uploaded.

My Documents

Upload files for your application.
This is where you can upload files that are needed for your application.
[Document Upload Help](#)

Document Category

Select

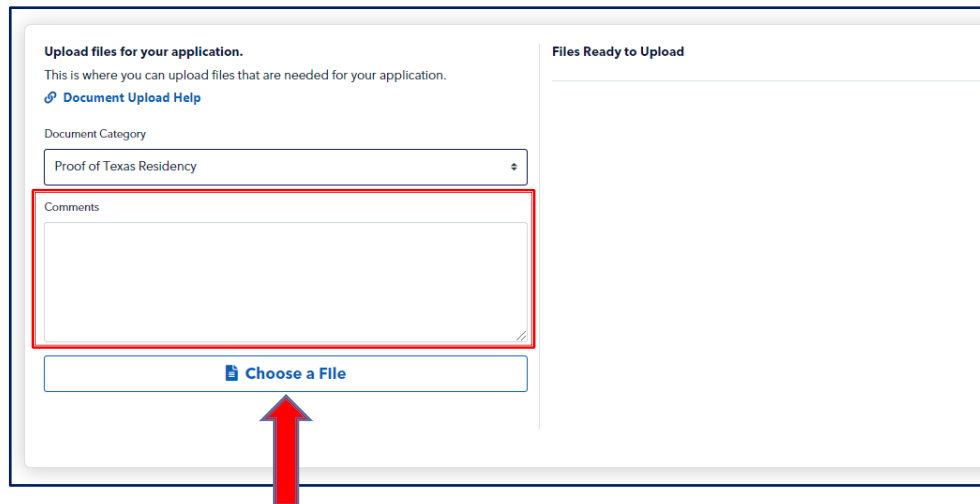
- Proof of Texas Residency
- Proof of Income
- Proof of Insurance
- Proof of HIV Positivity
- Proof of Name Change
- Other Documents

Choose a File

Files Ready to Upload

Back Exit to Dashboard Upload Files & Continue

2. Click inside the Comments box to add details to support the document being uploaded.



Upload files for your application.
This is where you can upload files that are needed for your application.
[Document Upload Help](#)

Document Category

Proof of Texas Residency

Comments

Choose a File

Files Ready to Upload

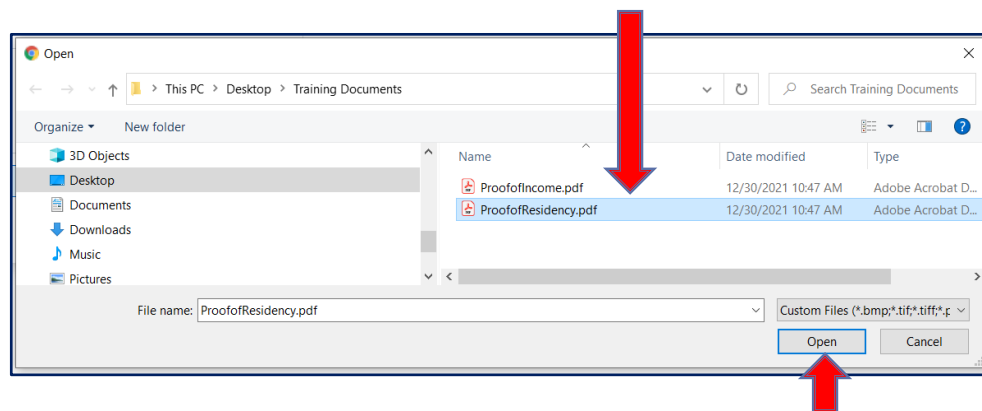
3. Click the **Choose a File** button to locate and select the file for upload.

The Open window will appear.



My Documents (cont'd)

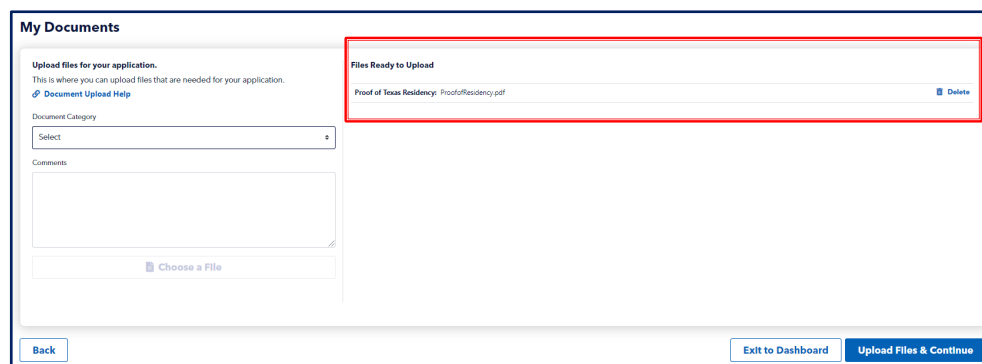
4. Locate and click the document you wish to upload.



5. With the document selected, click the **Open** button at the bottom right of the Open window.

The My Documents screen will appear.

The document is now listed in the **Files Ready to Upload** section of the screen to the right.



To add another document to the Files Ready to Upload list, begin by:

1. selecting a new Document Category and
2. Click the Choose a File button to locate the file again.

6. Once all documents are listed in the Files Ready to Upload list, click the blue **Upload Files & Continue** button.





Agency Selection

The Agency Selection section of the online application allows you to select a provider based on the address that was entered in the TakeChargeTexas Client Portal during registration.

Agency Selection

Please select a service provider

	4804 - Access Information Network Address: 2707 N. Stemmons Frey, Dallas, TX 75207 Phone: (214) 943-4444 Website: http://www.aandallas.org	Email: skylan@aandallas.org
	4804 - AIDS Services of Dallas Address: 4003 Zang, Dallas, TX 75203 Phone: (214) 941-0523 Website: http://www.aidsdallas.org	Email: dnaison@aidsdallas.org
	4804 - Dallas County Hospital District Address: 1936 Amelia Court, Dallas, TX 75235 Phone: (214) 590-5182	Email: CRYSTAL.CURTIS@phhs.org
	4804 - Legacy Counseling Center Address: 4054 McKinney Ave, Dallas, TX 75204 Phone: (214) 520-6308	Email: multisul@legacycounseling.org

Each listing provides the following for each provider:

- Name
- Address
- Phone Number
- Email Address
- Website Address



- Click the provider to make your selection. A blue box will appear around the provider selected.

	4804 - Dallas County Hospital District Address: 1936 Amelia Court, Dallas, TX 75235 Phone: (214) 590-5182	Email: CRYSTAL.CURTIS@phhs.org
	4804 - Legacy Counseling Center Address: 4054 McKinney Ave, Dallas, TX 75204 Phone: (214) 520-6308	Email: multisul@legacycounseling.org
	4804 - DCHHS - Early Intervention Clinic Address: 2377 N. Stemmons Frey, Dallas, TX 75207 Phone: (214) 819-2050	Email: tumara.scroggins@dallascounty.org

- Scroll down to the bottom of the page and click the blue **Continue** button on the right to move to the next step in the online application.

	4804 - AIDS Healthcare Foundation Address: 7777 Forest Lane, Dallas, TX 75230 Phone: (817) 831-1750	Email: jennings.stone@aidshealth.org
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[Back](#)
[Exit to Dashboard](#)
[Continue](#)



Review Application

On the Review Application screen, all sections of the online application are listed for review.

Review Application

Emergency Screening

Are you under 24 years old: **No**

Are you pregnant: **No**

Are you experiencing homelessness: **No**

Have you been recently incarcerated (in the last 6 months): **No**

Is your CD4 count below 100: **No**

Have you been out of care for more than 6 months: **No**

My Service Needs

Selected Services

- HIV Medications

About Me

Personal Information

First Name: Gene	Last Name: Client
Middle Name: N/A	Suffix: N/A
Alias or Nickname: N/A	Date of Birth: 11/01/1980
Social Security Number: N/A	Drivers License or State ID Number: N/A
Sex at Birth: N/A	Current Gender Identity:
Preferred Pronoun: N/A	

Race, Ethnicity, and Language

Race: Asian	What is your Primary Language: N/A
Are you Hispanic: No	What is your Secondary Language: N/A



REVIEW THE INFORMATION IN EACH SECTION BEFORE SUBMITTING THE ONLINE APPLICATION. THERE IS NO WAY TO MODIFY THE INFORMATION IN THE APPLICATION ONCE IT IS SUBMITTED.

Scroll down to the bottom of the screen and click the blue **Continue** button to move to the next step in the online application.

Agency Selection

Service Provider: **4804 - Legacy Counseling Center**

Address: **4854 McKinney Ave, Dallas, TX 75204**

Phone: **(214) 528-6308**

Email: **matthew@legacycounseling.org**

Back

Exit to Dashboard **Continue**



The Certification and Authorization screen will appear.

Certification and Authorization

Please read the statement below

My selection below indicates that I have read the **terms of agreement** when creating my account. I certify that all information provided in this application is true and correct to the best of my knowledge.

☐ I Agree

E-sign *

Did anyone from an organization help you with your application?

Back

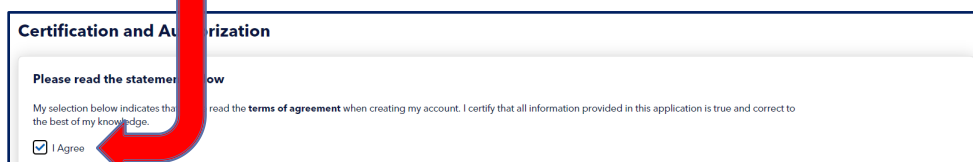
Exit to Dashboard **Continue**



Certify & Submit

The Certification and Authorization screen allows you to confirm that you have read the terms of agreement when creating your account on the TakeChargeTexas Client Portal website.

1. Read the statement at the top of the screen. If you agree with the statement, place a check in the **I Agree** box.

Certification and Authorization

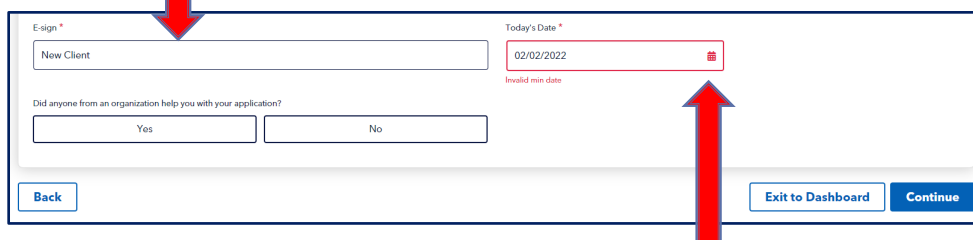
Please read the statement below

My selection below indicates that I have read the **terms of agreement** when creating my account. I certify that all information provided in this application is true and correct to the best of my knowledge.

☒ I Agree

The **E-sign** and **Today's Date** fields will open.

2. Type your first and last name in the **E-Sign** field.



E-sign *

New Client

Today's Date *

02/02/2022

Invalid min date

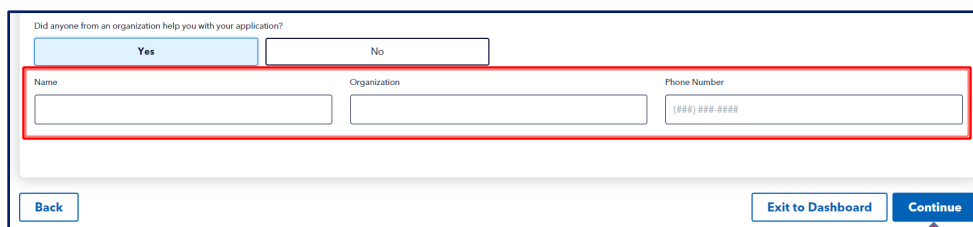
Did anyone from an organization help you with your application?

Yes No

Back Exit to Dashboard Continue

3. Enter the date in the format displayed in the field or click the Calendar icon.

4. Answer the question regarding help with the application. If Yes is selected, complete the fields that appear.

Did anyone from an organization help you with your application?

Yes No

Name Organization Phone Number

(###) ###-####

Back Exit to Dashboard Continue

5. Click the **Continue** button to move to the next step in submitting your online application.



Certify & Submit

The successful submission screen appears confirming that your online application has been submitted.

✓ Success - Application Submitted

Thank you for submitting your online application

Thank you for submitting your online application. If applicable, an HHSC representative will be calling you to complete your interview over the phone. Please be advised, HHSC representatives call from all over the state so you may receive a call from outside your area code.

Application Details

Application Number: 163783

Services applied for:

- HIV Medications

Next steps:

- We'll review your application
- We will send you a letter if we need more info
- We will let you know if you can get benefits
- You can check the status of your case on this website. We will also mail you a letter

[GO TO DASHBOARD](#)

This screen contains an Application Details section that lists:

- Application Number
- Services Applied for
- Next Steps in the process



This is the end of the TakeChargeTexas Client Portal User Guide.