



Empty rectangular boxes for address and contact information.

Table with 2 columns: Date/Fecha, Account Number / Número de Cuenta.

Your application for assistance is not complete. To determine your eligibility, we need the following additional information. /Su solicitud de asistencia no está completa. Para determinar su elegibilidad, necesitamos la siguiente información.

ONLY THE CHECKED BOXES APPLY TO YOU SOLAMENTE LAS CASILLAS MARCADAS SE APLICAN A SU CASO

- List of 12 items with checkboxes: Earnings Statement from Employer, Self-Employment Form, Mail Addressed to You or Another Household, Social Security (SS) Award Letter, Signed "Statement of Applicant's Rights and Responsibilities" Form, Retirement, Survivors, Disability Insurance (RSDI) Award Letter, Federal Income Tax Return, Unemployment Compensation Award Letter, Notice of Medicaid, CHIP, CSHCN Benefits or Private Health Insurance, Veterans Administration Award Letter or Check Stubs, Paycheck Stubs / Talones de Cheques, Other Items / Otros Documentos.

Please return the items checked above by:

Haga el favor de enviar los documentos enumerados para el:

Empty rectangular box for return date.

If we do not receive the above information by the due date and you do not contact me, I will assume that you no longer want assistance. Call me if you have any questions.

Si no recibimos la información que necesitamos para la fecha indicada arriba y usted no se comunica conmigo, supondré que usted ya no quiere asistencia. Llámeme si tiene alguna pregunta.

Send required documents to/Mande los documentos a: NBS Benefits FAX- 512-776-7593 Questions? Call (512) 776-2983 or 800-252-8023 ext. 2983