Texas Health and Human Services Commission

Choices Information Transmittal

Form H2583
April 2006

To: (HHSC)	
Address	Mail Code

From: (Choices Staff)	
Address	Mail Code

Client Name	Social Security No.	Client No.
Case Name		Case No.
Client Address		Exemption Status ☐ **Exempt** ☐ **Non-exempt**

Part I – Message from Choices Staff to Texas Works Staff

☐ **Please reconsider this client's non-exempt status because: (see Comments below)**

☐ **Client employed. Employment information below (or attached). Adjust grant.**

Name of Employer	Address	Telephone No. (incl. Area Code)
☐ **Information below verified with employer.**	Name of Person Contacted	
☐ **Information below based on client statement. Employer would not cooperate.**		

Job Title	Date Hired	Date First Check Received	Hourly Wage/Salary $
Average No. of Hours Worked per Week	How often paid? ☐ **Daily** ☐ **Weekly** ☐ **Every Two Weeks** ☐ **Monthly** ☐ **Twice Monthly**		
Is employment related medical insurance available? ☐ **Yes** ☐ **No**	If additional tips/commissions are received, give amount and frequency.		
Is TWC/LWB currently paying child care? ☐ **Yes** ☐ **No**	Date Employment Reported to TWC/LWB/Contractor		

☐ **Medical information attached. Please reconsider this client's status.**

☐ **Inquiry or other request (see Comments below)**

Comments:

Signature – Choices Staff | Date | Mail Code

Part II – Response from Texas Works Staff to Choices Staff

Comments:

Signature – Choices Staff | Date | Mail Code