TEXAS Department of Aging and Disability Services

Date

Case Manager

Office Address and Telephone

(Applicant/Individual Name and Address)

In-Home and Family Support Program

Appointment Notice

☐ **New Applicants**

Your name has reached the top of the interest list for the In-Home and Family Support Program. I will visit you to begin the eligibility determination process on:

Date	Time	Location

At the time of your interview, please provide the information listed below:

1. The completed forms, Application for Assistance and Child Support Declaration, enclosed with this letter. **You must answer every question on the application form, and both forms must be signed and dated**. A friend or relative may help you complete the form.
2. Most recent earnings statement or other proof of earned income.
3. Award letters (VA, Social Security, Railroad Retirement, SSI) or other proof of unearned income.
4. Medical or diagnostic records that include the type of disability, age the disability began, how long the disability is expected to continue, and limitations resulting from the disability. If you do not have these records, contact the office listed above to get a medical practitioner's statement form.
5. Cost estimates for all items/services requested. Written bids are required for all items costing over $250.

If this date and/or time is not convenient for you, call to schedule another appointment. Failure to keep your scheduled appointment without prior notification may result in the denial of your In-Home and Family Support Program application.

☐ **On Going Individuals:**

Date	Time	Location and/or Telephone No.

Please Provide:

☐ Proof of your current income

☐ Receipts for approved purchases between _____ through _____

☐ Other (specify)

Comments