Texas Health and Human
Services Commission

Form H1008
October 2001

AUTHORIZATION FOR CANCELLATION OR ISSUANCE OF PUBLIC ASSISTANCE WARRANTS

SECTION I-CASE INFORMATION

Case No.	Cat.	Case Name (Last. First. Middle)	Guardian/FBO/Protective Payee (L.F.M)
Current Address-First Line		Second Line	
City		State	ZIP + 4	County No.

SECTION II-AUTHORIZATION TO CANCEL

☐ **Warrant Attached** ☐ **Warrant to Hold in State Office**

WARRANT(S) TO BE CANCELLED				
	EFFECTIVE DATE	ISSUE DATE	WARRANT NO.	WARRANT STATUS
1				
2				
3				

SECTION III-AUTHORIZATION TO ISSUE/REISSUE

Status

☐ **Reissue (complete B below)** ☐ **Retroactive*** ☐ **Supplemental*** ☐ *** BENEFITS ARE REQUESTED AS A RESULT OF HEARING DECISION**

A. WARRANT(S) TO BE ISSUED															
	a. MO./YR.	b. ORIG. GRANT AMT.	c. ORIG.NO. CERTIFIED		d. CORRECT GRANT AMOUNT	e. CORR.NO. CERTIFIED		f. WARRANT AMT. REQUESTED	g. PRA FINANCIAL PENALTY		h. TYPE WARRANT				i. S.O. USE ONLY
			Child.	Adults		Child.	Adults		Penalty	Code	TANF	TANF-SP	RCA	Adop Sub.	
1											A	U	R	S	
2											A	U	R	S	
3											A	U	R	S	
4											A	U	R	S	
5											A	U	R	S	

B. WARRANT(S) TO BE REISSUED TO			
Case No.	Cat.	Case Name (Last, First, Middle)	Guardian/FBO/Protective Payee (L,F,M)
Current Address-First Line		Second Line	
City		State	ZIP + 4	County No.

SECTION IV-ADVISOR INFORMATION

Advisor Name	BJN	City	Mail Code	Telephone No.

Comments:

Signature-Advisor _____ Date _____ Signature-Supervisor _____ Date _____