Medicaid for the Elderly and People with Disabilities

Application Information

The enclosed application is being provided for your convenience. It is your responsibility to return it to the local Health and Human Services Commission (HHSC) office if you wish to apply for assistance through Medicaid. You are not considered to have filed an application for assistance until the completed, signed and dated application is received in the local office.

You may be eligible for full Medicaid benefits if:

- You reside in a Medicaid-approved nursing facility.
- You reside in a Medicaid-approved Intermediate Care Facility for the Mentally Retarded.
- You received both Social Security and Supplemental Security Income (SSI) benefits prior to denial of your SSI.

If you receive certain long term care Medicaid services, related hospital and prescription drug services, and you are age 55 or older, the State can make a claim on your estate to recover the money that Medicaid has paid for your care. No claim will be made as long as you are survived by your spouse or your child who is under 21 or disabled.

If you are enrolled in Medicare Part A, you may be eligible for:

- Qualified Medicare Beneficiary (QMB) benefits, which will pay Medicare premiums, deductibles and co-insurance on Medicare-covered services.
- Specified Low-Income Medicare Beneficiary (SLMB) benefits, which will pay only for Medicare Part B premiums.
- Qualifying Individuals (QI) benefits, which will pay all or part of the Medicare Part B premium only.

Questions on the application form apply only to the applicant and spouse, if any. Each question on the application form must be answered. Enter “No” or “N/A” to questions that do not apply. If someone assists you in completing the application, the person’s name, relationship, address and telephone number must be entered on the form. The application should be signed by the applicant and spouse, the guardian, power-of-attorney or responsible party. Include proof of guardianship or power-of-attorney with the application, if any.

Please include with the application proof of all income and things that are owned.

The proof may be copies of: Award letters (VA, Social Security, Railroad Retirement); your last three bank statements; savings passbook; certificates of deposit; certificates of notes, stocks or bonds; insurance policies (life, burial, health); transfer papers or deeds (for anything that was sold or given away within the past 30 months); and prepaid burial plans (contracts, trusts).

A face-to-face interview is not usually required. Additional proof of income and things you own may be needed.

After receipt of the completed, signed and dated application and proof of all income and things that are owned, you will be notified of the eligibility decision. Your application will be considered without regard to race, color, national origin, age, sex, disability, political beliefs or religion.

If you have questions, please contact the local Health and Human Services Commission office.

Office Address and Telephone Number: