



School Enrollment Verification

The person listed below is applying for benefits from the Texas Health and Human Services Commission (HHSC). State law requires that this person give proof of being enrolled in a place of higher education. Please complete the information below.

Name of Person Applying for State Benefits	HHSC Case Number (if known)
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The school must complete the following:

Is this person currently enrolled in your institution?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Institution	Address	Telephone Number
Person Providing This Information		Title
_____ Signature of Person Providing Information		_____ Date

How to send us this form:

Thank you for helping. You can return this form to the person applying for benefits or you can fax or mail it directly to HHSC. The office address and fax number are listed below. If you have questions, please call us at the number listed below.

This information is needed by (date):	▶
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Name of Caseworker	Telephone Number 2-1-1 or 1-877-541-7905	Fax Number 1-877-447-2839	Office Mailing Address HHSC P.O. Box 149027 Austin, TX 78714-9027
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The person applying for benefits must sign and date this form:

I hereby give my permission to release the information requested on this form.

_____ Applicant Signature	_____ Date
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Notice to applicant: This form will need to be filled out each time you apply for the health care benefits program. We will send you a blank form when we send you a renewal application.