



HCHD Financial Assistance Program
c/o Patient Eligibility Services
PO Box 300488
Houston, TX 77230
Fax: (713) 566-6670

Thank you for completing the Application for Financial Assistance with the Harris County Hospital District. In order to ease the processing of your application, we ask that you use this checklist, to ensure you have submitted all documents required to process your application.

_____ **Proof of Identification***
(Driver's License, I.D. Card, Birth Certificate, Marriage License, U.S. Citizenship, Permanent Resident Card, Legal Alien, or other Immigration Documents.)

_____ **Proof of Residency**
(Two proofs in self or spouse's name, one must be dated within the last 60 days. Example: Utility bills, Lease Agreements, Business Mail, Voter Registration Card, etc.)

_____ **Proof of Income***
(*Current* Check Stubs, Bank Statements, Tax documents (1040), Wage Verification Letters, Proof of Support, etc.)

_____ **Proof of Household Composition**
(Birth Certificates, Baptismal Record, Recent 1040 Tax Form, Social Security Award Letter for dependents, school documents, divorce or child support decree, birth fact records, etc.).

_____ **Immigration Status***
(You do not have to be a U.S. citizen to qualify for financial assistance. However, if you are not a citizen, and you have documentation from the INS, it must be presented to determine your eligibility for assistance.)

_____ **Other Health Care Coverage***
(Possible proof: award or claim letters; insurance policies; court document(s); other legal papers)

_____ ***Medicare Clients must provide above documents along with the following:**
(Medicare Asset Test: Current Bank Statements, Credit Card Bills, etc.)
(Medicare Secondary Payer Questionnaire – MSPQ)

***For each family member**

Please complete the section below with your **name, address, and zip code**. You will be notified by mail within 14 days of receipt of your application. If you do not receive this receipt or have any further questions regarding the status of your application, please feel free to call **713-566-6509**.

Application Number: _____ Received Date: _____

Mail to: _____

