

Helping Former Foster Care Children Apply for Medicaid



Former Foster Care Children - FFCC

- ◆ Under the FFCC program, HHSC provides Medicaid to individuals 25 and younger who aged out of foster care and received Medicaid in Texas.
- ◆ The majority of individuals who age out of foster care are automatically transferred from Foster Care Medicaid to FFCC.

Who's Eligible

- ◆ To be eligible for this program, the individual must:
 - Have aged out of foster care in Texas under the conservatorship of the Texas Department of Family and Protective Services (DFPS) at age 18 or older
 - Meet the age requirement and be age 18 through 25 years old
 - Have received Medicaid when they aged out of foster care
 - Meet all other Medicaid eligibility criteria such as U.S citizenship, immigration status, and Texas residency
- ◆ **Note:** If a former foster care individual wasn't getting Medicaid when they aged out of foster care, they might be eligible for Medicaid for Transitioning Foster Care Youth (MTFCY). They can apply online at YourTexasBenefits.com or by submitting a Form H1205, Texas Streamlined Application, or Form H1010, *Texas Works Application for Assistance - Your Texas Benefits*.



Individuals who Aged out of Foster Care from Other States

- ◆ Individuals living in Texas who age out of foster care under an Interstate Compact on the Placement of Children (ICPC) agreement might be eligible for:
 - Medicaid for Transitioning Foster Care Youth (MTFCY) for those age 20 and younger, or
 - Former Foster Care in Higher Education (FFCHE) for those from age 21 through 23 if they are enrolled in an institution of higher education
- ◆ An individual currently living in Texas who aged out of foster care in another state is not eligible for FFCC, MTFCY, or FFCHE. However, they might qualify for another type of health care coverage.

Non-FFCC Eligible Individuals

- ◆ Individuals who are in jail, prison, or a juvenile detention center when they age out of foster care aren't eligible for FFCC because they weren't getting foster care Medicaid when they aged out.
- ◆ They might be eligible to receive MTFCY if they are 20 years of age or younger and were in the conservatorship of DFPS when they age out of foster care.

Verification of Citizenship/Immigration Status

- ◆ HHSC will first try to confirm the applicant's citizenship or immigration status electronically.
- ◆ HHSC will use the applicant's Social Security Number to verify citizenship and the applicant's U.S. Citizenship and Immigration Services (USCIS) document to confirm immigration status.
- ◆ If HHSC can't confirm the applicant's citizenship or immigration status, the applicant must provide proof of citizenship or immigration status.
- ◆ If the applicant can't provide proof of citizenship/immigration status at application, they will have a 95-day period from their certification date to prove their status.

Note: Individuals with certain immigration statuses may no longer be eligible to receive FFCC after the age of 21.

Citizenship/Immigration Verification Sources

If HHSC can't verify the applicant's citizenship or immigration status, one of the following sources is acceptable for verification:

Citizenship

- ◆ U.S. Passport
- ◆ U.S. Birth Certificate
- ◆ Certificate of Naturalization
- ◆ Certificate of U.S. Citizenship
- ◆ Evidence of membership or enrollment in a federally recognized tribe

Immigration Status

- ◆ I-551, Permanent Resident Card
- ◆ I-94, Arrival/Departure Record
- ◆ I-766, Employment Authorization Document

Note: These are just a few examples of verification sources.



Verification of Identity

- ◆ Former foster care children must provide proof of their identity at application.

Identity Verification Sources

- ◆ One of the following sources is acceptable for verification:
 - U.S. Passport
 - Certification of Naturalization
 - Driver's license issued by a state or territory
 - School Identification card
 - Identification card issued by the federal, state, or local government with the same information included on driver's licenses
 - Evidence of membership or enrollment in a federally recognized tribe
 - Two or more corroborating documents confirming ID (examples include, but are not limited to marriage license, divorce decree, or high school diploma)
 - Certificate of U. S. Citizenship

Note: These are just a few examples of verification sources.



Verification of Residency

- ◆ An applicant must live in Texas and intend to stay here permanently or for an indefinite period. The applicant doesn't have to have a permanent dwelling or fixed residence.
- ◆ The applicant must give proof of their physical address at application and each renewal.

Residency Verification Sources

- ◆ The following are acceptable for verifying the applicant's current address:
 - Utility bills or utility company records
 - Rent receipt or statement from non-relative landlord
 - Mortgage receipt or statement from mortgage company
 - Valid Texas driver license or Department of Public Safety (DPS) identification card
 - Department of Motor Vehicles record
 - School records
 - Voter registration card
 - Statement from child care provider
 - Employment records or statement from employer
 - Official records confirming ownership of property
 - Item of mail with household name and address
 - Post office records
 - Church records
 - Statement from non-relative



Note: These are just a few examples of verification sources.

Residency Verification

- ◆ Individuals who have aged out of foster care might not always have documents that show their current address.
- ◆ If the person doesn't have a document that proves their current address, they can provide a letter or statement from one of the following:
 - Statement from a non-relative, such as:
 - The individual's Preparation for Adult Living (PAL) or Aftercare worker
 - Any agency or shelter the individual is getting services from
 - The person they are staying with if they are not related to that person
 - A neighbor or friend
 - Someone from school or job
 - Anyone familiar with their situation



Residence Verification - Letter

- ◆ If the FFCC applicant provides a letter or statement, the following information must be included:
 - Date
 - Applicant's name
 - Name of company or agency, address and phone of the person providing the letter/statement
 - Signature of the person providing letter/statement
 - The address where the FFCC applicant can get mail
- ◆ The letter should explain how they know the FFCC applicant and explain the FFCC applicant's living arrangement.
- ◆ For example: "I am John's PAL worker and have knowledge that he is currently living with his grandmother."



How to Apply for Medicaid

- ◆ Online at YourTexasBenefits.com
- ◆ In person at a local office
(Office locations are available at YourTexasBenefits.com, Your Texas Benefits Mobile App or call 2-1-1 and press 1)
- ◆ By mail – Texas Health and Human Services Commission
PO Box 149024, Austin, Texas 78714-9024
- ◆ By fax – 1-877-447-2839
- ◆ By phone – calling 2-1-1 (after picking a language, press 2)



YourTexasBenefits.com

- ◆ This is the quickest and best way to apply for benefits.
- ◆ Applicants can call 2-1-1 or go to a local office if they need help applying online.
- ◆ They need to make sure to tell the local office staff or the 2-1-1 representative that they are a former foster care child.
- ◆ Staff in the local office will help applicants through the process.

The screenshot shows the homepage of YourTexasBenefits.com. At the top, there is a navigation bar with 'Your Texas Benefits' on the left and 'Help | Español | Log In' on the right. Below the navigation bar, there is a message box stating: 'If you received qualifying Medicaid or CHIP benefits from H&D in 2016, we will send you an IRS Form 1095-B by the end of March. The form shows the amount you had coverage in 2016. You will need to use this form when filing 2016 federal tax returns.' Below this message are three buttons: 'Learn About benefit programs', 'Apply For new benefits', and 'Manage Your account or applications'. The main heading reads 'Learn how Your Texas Benefits can help you'. Below this is a video player showing a woman holding a sign that says 'Your Texas Benefits.com' with a play button icon. Below the video player, there is a section titled 'State benefit programs help people with little or no money who are in need'. This section contains four cards: 'SNAP Food Benefits' (Helps families buy food for good health), 'TANF Cash Help' (Helps families with children age 18 and younger pay for basic needs), 'Health Care' (Helps cover visits to doctors, dentists, and hospitals. Also covers medicines ordered by doctors and dentists), and 'Support Services' (Helps people with daily living needs, caregivers, and people with mental health, drug or alcohol issues). Below these cards is a section titled 'What help can you get?' which contains two boxes: 'Prescreening Tool' (Answer some basic questions in our prescreening tool to find which benefits and support services you might be able to get. When you're done, you can create an account to apply for benefits and send your info to support services so be contacted by program.) and 'Find Support Services' (If you are just looking for support services and want to be contacted by program, you need to create an account. With an account, you will also be able to save your support service screening forms and check the status of any you have already filled out.). At the bottom of the page, there is a footer with the Texas Department of Health and Human Services logo and links for 'Find an Office', 'Partner Login', 'Get a Paper Form', 'Contact HHSC', 'Internet Policy', 'Civil Rights', 'Privacy Policy', 'Compact with Texans', and 'Texas.gov'.

YourTexasBenefits.com

If applying online, they will first need to set up an account.

Under the **Pick programs** section and Health-care benefits section select: Person who: **(1)** is age 25 or younger, and **(2)** was in foster care.

Learn Apply Manage

Get benefits now? Pick programs People in your home Results

Pick Programs

Click each box to select programs you are interested in applying for.

- SNAP Food Benefits**
Helps buy food for good health.
- TANF Cash Help**
Helps pay for things like food, housing and clothing.
- Health Care**
Helps cover medical bills and medicine.
- Women's Health Services**
Helps pay for things like exams, screenings, and birth control.
- Medicare Savings Programs**
Helps people pay medicare costs.
- Long-term Care Services**
Help for people with a long-lasting illness or disability.

Interested in applying for

- Person who is: (1) age 25 or younger, and (2) was in foster care.

Some people might get help the next work day. The first month's amount will be based on the date we get your application.

- Adults caring for a child
- Pregnant women
- Person age 65 or older or Person who has a disability that is expected to last a year or longer
- Children
- Adult who isn't taking care of a child
- Person who is: (1) age 25 or younger, and (2) was in foster care.

Quick Program Info:

Coverage is through Medicaid and the Children's Health Insurance Program (CHIP).

If you apply for benefits for children or pregnant women we first look to see if you can get Medicaid. If you can't get Medicaid, we look to see if you can get CHIP.

Helps with medical bills such as bills for doctors, hospitals, nursing homes, and medicine.

If you apply for health care for a person with a disability: The person must have a disability that is expected to last a year or longer.

YourTexasBenefits.com

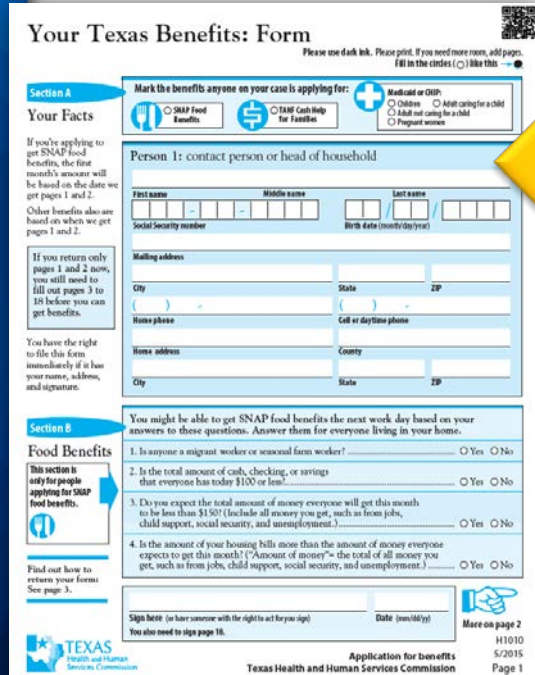
In the **People applying for benefits** section, applicants must answer “Yes” to the question **Was _____ in: (1) foster care at age 18 or older?**

Note: The applicant’s name will appear in the shaded areas on the image to the right.

The screenshot shows the 'Your Texas Benefits' website interface. The top navigation bar includes 'Learn', 'Apply', and 'Manage'. The 'Apply' section is active, showing a progress bar with steps: 'Pick programs', 'About you', 'People applying for benefits', 'Financial info', 'Health care info', 'Final questions', 'Upload files', and 'Check answers and send'. The 'People applying for benefits' step is currently active, indicated by an orange dot. Below the progress bar, the 'Person details' sub-section is highlighted with a red box. This sub-section includes a question: 'Was _____ in foster care at age 18 or older?' with radio buttons for 'Yes' (selected) and 'No'. Below this question are dropdown menus for 'Type:' (set to 'Foster care') and 'In which state:' (set to 'Texas').

Paper Applications

Applicants can apply by completing one of the following paper application forms:



Your Texas Benefits: Form

Please use dark ink. Please print. If you need more room, add pages. Fill in the circles (○) like this → ●

Section A
Your Facts

Mark the benefits anyone on your case is applying for:

- SNAP Food Benefits
- TANF Cash Help for Families
- Medicaid or CHIP
 - Children
 - Adult caring for a child
 - Adult not caring for a child
 - Pregnant woman

If you're applying to get SNAP food benefits, the first monthly amount will be based on the date we get pages 1 and 2. Other benefits also are based on when we get pages 1 and 2.

If you return only pages 1 and 2 now, you still need to fill out pages 3 to 18 before you can get benefits.

You have the right to file this form immediately if it has your name, address, and signature.

Section B
Food Benefits

This section is only for people applying for SNAP food benefits.

You might be able to get SNAP food benefits the next work day based on your answers to these questions. Answer them for everyone living in your home.

1. Is anyone a migrant worker or seasonal farm worker? Yes No
2. Is the total amount of cash, checking, or savings that everyone has today \$100 or less? Yes No
3. Do you expect the total amount of money everyone will get this month to be less than \$150? (Include all money you get, such as from jobs, child support, social security, and unemployment.) Yes No
4. Is the amount of your housing bills more than the amount of money everyone expects to get this month? ("Amount of money" = the total of all money you get, such as from jobs, child support, social security, and unemployment.) Yes No

Find out how to return your forms. See page 3.

Sign here (or have someone with the right to act for you sign) _____ Date (mm/dd/yy) _____

You also need to sign page 18.

Application for benefits
Texas Health and Human Services Commission

H1010
5/2015
Page 1

Form H1010, *Your Texas Benefits*. This application can be used to apply for SNAP (food benefits) or TANF (cash benefits for families), in addition to Health care.

Form H1205, *Application for Health Care Coverage & Help Paying Costs*, This application is used for health care only.



TEXAS
Health and Human Services Commission

Application for Health Coverage & Help Paying Costs

THINGS TO KNOW

- Use this application to see what coverage choices you qualify for**
 - Affordable private health insurance plans that offer comprehensive coverage to help you stay well.
 - A new tax credit that can immediately help pay your premiums for health coverage.
 - Free or low-cost insurance from Medicaid or the Children's Health Insurance Program (CHIP).
- Who can use this application?**
 - Use this application to apply for anyone in your family.
 - Apply even if you or your child already has health coverage. You could be eligible for lower-cost or free coverage.
 - If you're single, you may be able to use a short form. Visit HealthCare.gov.
 - Families that include immigrants can apply. You can apply for your child even if you aren't eligible for coverage. Applying won't affect your immigration status or chances of becoming a permanent resident or citizen.
 - If someone is helping you fill out this application, you may need to complete Appendix C.
- Apply faster online**

Apply faster online at YourTexasBenefits.com.
- What you may need to apply**
 - Social Security numbers (or document numbers for any legal immigrants who need insurance).
 - Employer and income information for everyone in your family (for example, from pay stubs, W-2 forms, or wage and tax statements).
 - Policy numbers for any current health insurance.
 - Information about any job-related health insurance available to your family.
- Why do we ask for this information?**

We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. **We'll keep all the information you provide private and secure, as required by law.**
- What happens next?**

After you fill out and sign your application, mail or fax it to us (See Step 6 on Page 8). If you don't have all the information we ask for, sign and send your application anyway. We'll follow up with you within 2 weeks. You'll get instructions on the next steps to complete your health coverage. If you don't hear from us, call 2-1-1 or 1-877-541-7905 (after you pick a language, press 2). Filling out this application doesn't mean you have to buy health coverage.
- Get help with this application**
 - Online:** YourTexasBenefits.com
 - Phone:** Call us at 2-1-1 or 1-877-541-7905, after you pick a language, press 2.
 - In person:** At a benefits office. To find an office near you, go to YourTexasBenefits.com or call 2-1-1 (after you pick a language, press 1).

NEED HELP WITH YOUR APPLICATION? We can help you do no cost to you. Call us at 2-1-1 or 1-877-541-7905 (after you pick a language, press 2). If you have a hearing or speech disability, call 7-1-1 or any relay service.

Form H1205 - 08/2014
Page 1 of 12

Completing a Paper Application

- ◆ The following pages provide information on how to complete these important sections of the application and the addendum.
- ◆ The applicant can use the Form H1010 or Form H1205 to apply for other people in their household.

Completing Form H1010: Your Texas Benefits Application for Benefits

Applicants who have aged out of foster care and are applying for Medicaid must complete Section A of the application (page 1). ***This is the first of three steps to ensure the application is routed to specialized FFCC staff for processing.***

- ◆ All applicants, who were in foster care and age out, **must pick Adult not caring for a child** if they are not caring for a child in the household
- ◆ Applicants who are pregnant should pick **Pregnant Women**
- ◆ Applicants who have children should pick **Adult caring for a child**

Your Texas Benefits: Form

Please use dark ink. Please print. If you need more room, add pages.
Fill in the circles (○) like this → ●

Section A
Your Facts

Mark the benefits anyone on your case is applying for:

SNAP Food Benefits

TANF Cash Help for Families

Medicaid or CHIP:
 Children Adult caring for a child
 Pregnant women

If the applicant is pregnant or has children he or she may still be eligible for FFCC Medicaid.

Note: If the former foster care child is also applying for a child and/or spouse they should mark the appropriate boxes.

Completing Form H1010: Your Texas Benefits Application for Benefits

Section G of the application (page 3). *This is the second of three steps to ensure the application is routed to specialized FFCC staff for processing.*

- ◆ All applicants, who were in foster care and age out, **must** pick **Adult not caring for a child** if they are not caring for a child in the household
- ◆ Applicants who are pregnant should pick **Pregnant Women**
- ◆ Applicants who have children should pick **Adult caring for a child**

Note: If the former foster care child is also applying for a child and/or spouse they should mark the appropriate boxes.

If the applicant is pregnant or has children he or she may still be eligible for FFCC Medicaid.

Section G
Person 1

Mark the benefits Person 1 is applying for:

SNAP Food Benefits

TANF Cash Help for Families:

TANF

One-Time TANF

One-Time TANF Grandparent

Medicaid or CHIP for:

Children

Adult caring for a child

Adult not caring for a child

Pregnant women



TEXAS
Health and Human
Services

Completing Form H1010: Your Texas Benefits Application for Benefits

In Section 3 (page 4-A), the applicant must answer question #4 as applicable.

This is the third of three steps to ensure the application is routed to specialized FFCC staff for processing.

Make sure and answer this question!

Section 3

Information about people applying for benefits

Information about people applying for benefits

Information about people applying for benefits

1. Does a child applying for health care travel with a family member who is a migrant farm worker? Yes No
If yes, what is the name of that child or children? _____

2. Is a child in the Children with Special Health Care Needs program? Yes No
If yes, who? _____

3. Is anyone an American Indian or Native Alaskan? Yes No
If yes, you must fill out "Appendix B: American Indian or Alaska Native Family Member." It is attached to this form. ←

4. Was anyone in foster care when they were age 18 or older? Yes No
If yes, who? _____ In which state? ↓ _____

5. Does any child on this application have a parent living outside of the home? Yes No

Completing Form H1205: Application for Health Coverage & Help Paying Costs

If a former foster care individual applies for Medicaid using Form H1205, they must answer questions #17 (page 3).

15. Do you live with at least one child under the age of 19, and are you the main person taking care of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. Were you in foster care at age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in which state? _____
16. Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Make sure and answer this question!

Note: This question is also listed on page 5, if there is a second person on the application who was also in foster care at age 18 or older.



Accessing Medicaid Services

- ◆ Former foster care children get Medicaid services through two Medicaid managed care programs: STAR and STAR Health.
- ◆ In each of these programs, Medicaid services are provided through a health plan.
- ◆ STAR Health offers extra benefits other programs do not, such as:
 - An Electronic Health Passport that keeps track of the individual's doctor visits
 - Service management programs to help with the individual's healthcare needs
 - A 24-hour nurse hotline (1-866-912-6283, option 7) to get answers to medical questions quickly



Accessing Medicaid Services

- ◆ STAR Health is available for aged out foster children 18 to 20 years old. It is the same program that covers children currently in foster care. Details about STAR Health can be found at: www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-star.asp. Superior is the health plan for individuals who are on STAR Health. (**Note:** Individuals in this group who are part of the STAR Health program can switch to the STAR program.)
- ◆ Former foster care children who age out and are 21 and older no longer qualify for STAR Health but may continue to receive Medicaid through the STAR program. Former foster care children in STAR must choose a STAR plan or one will be assigned. (**Note:** STAR is a different program than STAR Health.)



Accessing Medicaid Services

- ◆ Details of these plans are available at:
www.hhsc.state.tx.us/medicaid/managed-care/star/client-information.shtml.
- ◆ If the individual does not get a list of plans to choose from when they are accepted, they should go to the above link and then call 1-800-964-2777 to choose their plan.

Reporting Changes - Types of Changes to Report

Former foster care children must report address changes within 10 days of knowing about the change. The changes a former foster care child must report are:

- ◆ Address changes
- ◆ Moves out of state
- ◆ Enrollment in health insurance

Note: Enrolling in another health insurance doesn't affect FFCC coverage.



Reporting Changes - How to Report Changes

- ◆ Through YourTexasBenefits.com
- ◆ Through Your Texas Benefits Mobile App
- ◆ By calling – 2-1-1 (after selecting a language, press option 2)
- ◆ By fax – 1-877-447-2839
- ◆ By mail to: Texas Health and Human Services Commission
PO Box 149024, Austin, Texas 78714-9024
- ◆ In person at a benefits office (Office locations are available at YourTexasBenefits.com or call 2-1-1 and press 1)



Renewing FFCC Medicaid

- ◆ HHSC uses an automated renewal process to determine if the individual continues to be eligible for FFCC Medicaid
- ◆ Beginning in the 9th month of the 12-month certification period, HHSC gathers electronic data to confirm residency and immigration status
- ◆ Two months before the end of their certification period, the individual receives Form H1211, *It's Time to Renew Your Health-Care Benefits Cover Letter*, with instructions on how to renew their FFCC Medicaid
- ◆ Individuals should carefully read and follow all instructions



Renewing FFCC Medicaid – Additional Information Needed

- ◆ If the individual needs to provide more information, a Form H1020, *Request for Information or Action*, is included with the cover letter H1211, *It's Time to Renew Your Health-Care Benefits Cover Letter*
- ◆ The H1020 lists the additional information that must be provided and acceptable sources that can be used to satisfy the information

Renewing FFCC Medicaid – Additional Information Needed

- ◆ The individual can return the requested information by uploading the documents to YourTexasBenefits.com or the Your Texas Benefits Mobile App. They can also mail or fax the documents
- ◆ The individual must review their current case information
- ◆ The individual must return a signed renewal, Form H1206FFCC, and all requested information to be recertified for FFCC Medicaid. The individual can complete and return the form electronically or by completing and returning the paper version of the form



Renewing FFCC Medicaid – No Additional Information Needed

- ◆ If the individual does not need to provide more information, the cover letter H1211, *It's Time to Renew Your Health-Care Benefits Cover Letter*, notifies the individual that they must review the information used to determine their eligibility
- ◆ Individuals are only required to complete and return a renewal form, Form H1206FFCC, *Health Care Benefits Renewal - FFCC*, if the information on the renewal form is wrong or has changed
- ◆ The individual can complete and return the form electronically or by completing and returning the paper version of the form

Instructions for Renewing FFCC Medicaid

An example of the Form H1211, *It's Time to Renew Your Health Care Benefits Cover Letter*, is provided.

Do not ignore this letter. If individuals have questions about this letter, they can call 2-1-1 for help.

When contacting 2-1-1 about their renewal inform 2-1-1 staff, and state: "I am a former foster care youth"

Note: It is important individuals keep all paper work together and read their notices.

H1211 MR Cover Letter
April 2015

How to fill out or check your renewal form.

You can either go online or ask for a paper form.

You can fill out or check your renewal form online at YourTexasBenefits.com.

1. Go to www.YourTexasBenefits.com.
2. Click on "View my case."
3. Log in to your account or set up an account if you don't already have one.
4. When you get to the "Case facts" page, click on the "Renew benefits" button next to the case you want to renew.
5. It's easy. Look over your case and tell us if anything changed. You can add, update, or remove facts. If you don't have any changes, click the "No change" button.

You also can print your renewal form by going to YourTexasBenefits.com.

If you don't have an online account, you can set one up.

1. Go to www.YourTexasBenefits.com.
2. Click on the "Home" Button at the top right side of the page.
3. In the Login box, click on "New user - set up account".
4. On the account set up page, check the box next to: "I want to see all my case facts and actions. I also want to be able to report changes and renew benefits online."
5. You will be asked more questions about yourself. We do this to make sure your account facts are kept private.

If you can't go online, you can ask for a paper renewal form.

- **Call us:** Call 2-1-1 or 1-877-541-7905 (after you pick a language, press 2). If you have a hearing or speech disability, call 7-1-1 or any relay service.
- **Go to a benefits office:** To find an office near you, go to YourTexasBenefits.com or call 2-1-1 or 1-877-541-7905 (after you pick a language, press 1).

You must report changes within 10 days of knowing about the change.

Everyone who gets benefits must tell us about changes in their case. Listed here are some of the changes we need to know about. Tell us:

- If their address changes.
- If they no longer live in Texas or are planning to leave Texas.
- If anyone moved in or out of their home.
- If there's a change in the people they will claim or plan to claim as tax dependents on their next tax return.
- If they get more money.
- If they get money from a different person or job.
- If the amount of hours they work changes.
- If their pregnancy ended -- either by birth or miscarriage.
- If there's a change in getting health insurance.
- (The following is needed only if the person gets Medicaid and: (1) is age 65 or older, or (2) has a disability.) If they buy, get as a gift, or sell things such as: car, truck, boat, motorcycle, home, property, insurance policy, stocks, or bank accounts.
- (The following is needed only if the person gets Medicaid or CHIP and: (1) is age 64 or younger, or (2) doesn't have a disability.) If there's a change in the people they will claim or plan to claim as tax dependents on their next tax return.

Contacting 2-1-1

Former foster care children follow the steps below, to apply for benefits, renew their benefits, report a change (including updating their address), or if they just need help:

- 1) Call 2-1-1 (1-877-541-7905) between 8 a.m. and 6 p.m. Central Time, Monday to Friday
- 2) Pick language (English is 1)
- 3) Pick 2 (State Benefit Programs)
- 4) Pick 1 (Help with SNAP [food benefits], Medicaid)
- 5a) Pick 1 to enter the young adult's Social Security Number and date of birth (xx-xx-xxxx) or pick 2 to enter the case number
 - You will hear case information
 - Pick 3, to report a change or check on a change reported
 - Pick 3, to report a new change to your household status. Wait for a call center agent to answer, and then say: "I am a former foster care child and need help with benefits."
- 5b) Pick 3 if the Social Security Number and the Case Number are unknown
 - Pick 4, for questions about YourTexasBenefits or calling for another reason not listed
 - Pick 4, for questions about something not listed. Wait for a call center agent to answer, and then say: "I am a former foster care child and need help with benefits."

Note: 2-1-1 will assist with non-FFCC related changes. If you have FFCC-related questions 2-1-1 staff will transfer you to specialized FFCC Staff.



Your Texas Benefits Mobile App

Individuals can download the Your Texas Benefits Mobile App to their phone. It's free to download in the Google Play and Apple iTunes stores. They can use it to:

- ◆ Find an HHSC Office
- ◆ Create a YourTexasBenefits.com account
- ◆ Report certain types of changes, including change of address
- ◆ Check Status of case
- ◆ Upload documents
- ◆ View case information
- ◆ Sign up to receive alerts - Individuals can receive a cell phone text message or email reminder each time a new form or notice has been posted to their account.
- ◆ View letters and forms and pick the option to go paperless. This feature can be accessed through the Settings screen from the Main menu.

Note: Individuals can go to a local office if they need help downloading the app.



Aftercare Services

- ◆ The PAL Case Management and Aftercare Services contractors or DFPS PAL staff are available to help individuals who have issues with their Medicaid.
- ◆ Lead PAL Staff per region:
[https://www.dfps.state.tx.us/Child Protection/Youth and Young Adults/Preparation For Adult Living/PAL coordinators.asp](https://www.dfps.state.tx.us/Child%20Protection/Youth%20and%20Young%20Adults/Preparation%20For%20Adult%20Living/PAL%20coordinators.asp)

Medicaid Cards and Eligibility Dates

- ◆ Medicaid cards are usually mailed within 10 calendar days from when an individual is certified for Medicaid.
- ◆ In general, regular Medicaid eligibility begins the day an individual meets all eligibility criteria. It is usually the first day of the application month if all eligibility criteria are met.
- ◆ Individuals can get a temporary Medicaid card, Form H1027-A, *Medicaid Eligibility Verification*, from their YourTexasBenefits.com account, at a local office, or by calling 2-1-1. They can also ask for a replacement Medicaid card by calling 1-855-827-3748.

Note: When a former foster care child visits a local office or calls 2-1-1 they need to make sure to tell the field staff or the 2-1-1 representative that they are a former foster care child.



The Community Partner Program

◆ **(CPP)** is an HHSC program that partners with community-based organizations, including governmental agencies, that assist individuals in applying for and renewing benefits through YourTexasBenefits.com.

- ◆ Community Partners receive numerous benefits including:
 - Personal regional support
 - Training and technical assistance on YourTexasBenefits.com
 - Ability to provide HHS feedback on websites, 2-1-1 Option 2, and benefits
 - News and updates on HHS programs
 - Access to continuing education units (CEUs)
 - Data reports on Community Partner activities
- ◆ For more information go to:
www.TexasCommunityPartnerProgram.com

