Aged Out Foster Youth Documentation of Texas Residency for Medicaid

When someone in Texas applies for public benefits such as Medicaid, SNAP (Food Stamps) or TANF, they need to show they are residing in Texas. Those who are homeless and without a residential mailing address and those who don't have documentation of the address of where they are living are eligible to receive benefits. A letter to the Texas Health and Human Services Commission (the agency that provides Medicaid and other public benefits) can be prepared by any non-relative who is familiar with the person's situation.

People that can write the letter for an aged out foster youth can include:

- The individual's Preparation for Adult Living (PAL) or Aftercare worker
- Any agency or shelter the individual is receiving services from
- The person they are staying with if they are not related to the individual
- A neighbor or friend
- Someone from school or job
- Anyone familiar with the situation

The letter must include:

- Date
- Individual's name, name of company or agency, address and phone of individual providing the letter/statement
- Signature of the individual providing letter/statement
- The address where the FFCC individual can receive mail
- In the letter or statement, the individual should state how they know the FFCC individual and explain the FFCC individual's living arrangement.

A sample letter is included on the following page.

Prepared by the Texas Foster Youth Justice Project
Updated 09/22/2025

LETTERHEAD/AGENCY NAME IF APPLICABLE

Date: _____

Texas Health and Human Services Commission
PO Box 149025
Austin, TX 78714-9025
Fax: 1-877-447-2839

Re: Former Foster Care Children's Medicaid Renewal; Name: _____,

DOB: _____, Social Security # _____, Case # _____

Dear Sir or Madam:

My name is _____ and I am the _____

(relationship) of _____ (young adult's name).

_____ (young adult's name) received a letter from HHSC asking for confirmation of residency. They reside in Texas. Currently they are:

- ☐ Homeless and do not have a residential address; or
- ☐ They are living with or staying temporarily with friends or relatives.

_____ (young adult's name) receives mail at this address:

_____.

Please accept this letter as verification that _____ (young adult's name) is a resident of Texas, can continue to receive important mail at the listed address, and is eligible to continue to receive FFCC Medicaid.

If you have any questions, please feel free to contact me at _____.

My mailing address is: _____.

Sincerely,