



## WEBB COUNTY INDIGENT HEALTHCARE SERVICES

1620 Santa Ursula Ave.

(956) 523-4747; FAX: (956) 523-4748

E-mail: [indigenthealth@webbcountytexas.gov](mailto:indigenthealth@webbcountytexas.gov)

### **REQUIRED DOCUMENTS TO PROCESS PROGRAM APPLICATION**

In order to process your application, you must bring in the following documents needed, if applicable to you, in order to determine program eligibility.

#### **1) Valid Photo Identification Card for Applicant**

- Texas ID                       Texas DL
- US Passport                 MX Passport
- Resident Card               Consulate Card

\*If applicant does not have an ID, list why:

\_\_\_\_\_

\_\_\_\_\_

#### **2) Citizenship Documentation**

- Birth Certificate
- Social Security Card (if applicable)

\*If applicant does not have any, list why:

\_\_\_\_\_

\_\_\_\_\_

#### **3) Proof of Residence: Home & Utility Bills**

(if applicant lives in another person's home, provide proof of residence under home owner's name)

- Current Rent Receipt or Contract
- Mortgage Payment
- Property Deed or Tax Statement
- Current Utility Bills (provide at least 2):
  - Light, Water or Gas

#### **4) State Benefits Received: Must provide**

Award/ Denial Letter or appointment Notice)

- Medicare
- Medicaid
- SNAP/ Food Stamps
- TANF Assistance

#### **5) Other Benefits:**

- Proof of any Job-Related Life Insurance, Life, Burial or other Health Insurance
- Students: Proof of Grants, Loans & Tuition, Scholarships, School Records

#### **6) Proof of all Household Income (if applicable):**

- Provide Last Four Paystubs
- Self-Employed (Provide income tax forms or business records)
- Income Tax Return (including all forms)
- Child Support Benefits
- Any Social Security Benefits
- Veteran's Assistance
- Retirement Benefits
- Worker's Compensation
- Unemployment Benefits
- Proof of Loans, Gifts or Contributions

\*If there is no income, list how bills are paid:

\_\_\_\_\_

\_\_\_\_\_

#### **7) Unemployment:**

- If you are able to work, provide proof of Registration with Texas Workforce Commission.

#### **8) Resources:**

- Bank Account(s) Statement (checking, savings or other bank accounts)
- Title of Vehicles under applicant's name
- Real Estate (current tax statement)
- If Divorced, must present Divorce Decree

#### **9) Contact Information:**

Please provide a phone number to contact applicant for a phone interview:

\_\_\_\_\_

**DURING THE INTERVIEW, THE CASEWORKER MAY REQUEST ADDITIONAL DOCUMENTS NEEDED TO DETERMINE PROGRAM ELIGIBILITY.**



**WEBB COUNTY INDIGENT HEALTH CARE SERVICES DEPARTMENT**  
1620 SANTA URSULA AVE.  
LAREDO, TX 78040  
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## Authorization Form

I, \_\_\_\_\_, give authorization to the person listed below  
(Applicant's Name)  
to represent me at any moment that I am not physically able to attend any  
appointments. I also authorize this person to answer any questions regarding my  
welfare as well as to be given any information regarding my Webb County  
Indigent Health Care case.

<b>Authorized Person:</b>	
<b>Relation to Applicant:</b>	
<b>Phone Number:</b>	
<b>Address:</b>	
<b>D.O.B</b>	

**\*Copy of Identification Required\***

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# WEBB COUNTY INDIGENT HEALTHCARE SERVICES PROGRAM

**In order to better assist each applicant, this questionnaire should be filled out completely.**

Applicant's Name:	Case #
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A phone interview will be conducted by a Caseworker to determine program eligibility. The length of the interview can vary between 5-30 minutes.

What language do you prefer to have the interview conducted in?  English  Spanish

## Medical Need:

### 1) What type of medical assistance do you need? (check all that apply)

- Hospital bills from:  LMC  Doctors Hospital  Other: \_\_\_\_\_
- Medical Specialist: \_\_\_\_\_
- Primary Care: \_\_\_\_\_
- Exams: \_\_\_\_\_
- Medications: \_\_\_\_\_
- Other: \_\_\_\_\_

### 2) Are you currently registered at any health care clinic:

- Gateway  Border Region  Mercy Ministries  City of Laredo  Other: \_\_\_\_\_

### 3) Are you currently taking medications? Yes No

### 4) Do you have any of the following health benefits/insurance:

- Health Insurance:  No  Yes: \_\_\_\_\_
- Medicaid:  No  Yes
- Medicare:  No  Yes

### 5) If applicable, does your spouse or any minor legal dependent have any of the following health benefits/insurance:

- Health Insurance:  No  Yes: \_\_\_\_\_
- Medicaid:  No  Yes
- Medicare:  No  Yes

## CITIZENSHIP STATUS: (Select current status)

**United States Citizen-By Birth**

**United States Citizen-By Naturalization on Date:** \_\_\_\_\_

Date entered into U.S.: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**United States Resident Alien:** Immigration Date: \_\_\_\_\_ Sponsored By: \_\_\_\_\_

Date entered into U.S.: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**United States Legal Resident through a federal immigration program:**

DACA (Deferred Action for Childhood Arrivals)

VOWA (Violence Against Women Act)

Other: \_\_\_\_\_

\*Date entered into US: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

**Undocumented:** Date entered into U.S. \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Are you in the process of being immigrated:  No  Yes, Sponsor: \_\_\_\_\_

## Current Marital Status:

(Advise Caseworker if more than one status applies)

- Single** (never married)
- Legally Married** since: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Did you, or spouse, file an income tax this year?  Yes  No. Last file date was on: \_\_\_\_\_
- Common-Law** since: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Are you free to marry?  Yes  No, still legally married to another person.  
Do you currently live with your spouse?  Yes  No  
Did you, or spouse, file an income tax this year?  Yes  No. Last file date was on: \_\_\_\_\_
- Separated** since: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_  
Current address of Spouse: \_\_\_\_\_  
Did you, or spouse, file an income tax this year?  Yes  No. Last file date was on: \_\_\_\_\_
- Divorced** since: \_\_\_\_\_ Name of Ex-Spouse: \_\_\_\_\_  
Current address of Ex-Spouse: \_\_\_\_\_
- Widow** since: \_\_\_\_\_ Name of spouse: \_\_\_\_\_

## Employment History:

- 1) Are you or your spouse currently employed? (Check all that apply)**
- Never worked
- No. The last time worked was on \_\_\_\_\_ at \_\_\_\_\_
- Yes, I am Employed at \_\_\_\_\_
- Yes, My Spouse is Employed at \_\_\_\_\_
- Yes, I am Self-employed/Own Business: \_\_\_\_\_  
Is your business registered in the state of Texas?  Yes  No
- Yes, My Spouse is Self-employed/Own Business: \_\_\_\_\_  
Is their business registered in the state of Texas?  Yes  No
- 2) Are you currently applying for or receiving any of the following benefits? (Check all that apply):**
- Unemployment  Workers' Compensation  Crime Victims Compensation  Retirement

## Social Security Benefits:

- 1) Do you receive any Social Security/SSI (Supplemental Security Income) benefits?**  
 No  Yes
- 2) Are you in the process of applying for Social Security/SSI benefits?**  
 No  Yes, Date of application was turned in: \_\_\_\_\_
- 3) What level is your Social Security application on?**  
 New Application  Appeal  Reconsideration  Hearing Request

## Resources:

- 1) Do you have any bank accounts:**  No  Yes, Bank Name: \_\_\_\_\_  
What type of Bank account:  Checking  Savings  Other: \_\_\_\_\_
- 2) Do you own any properties other than where you currently live?:**  No  
 Yes, Address: \_\_\_\_\_

