

RED RIVER COUNTY INDIGENT HEALTH CARE PROGRAM

PLEASE PROVIDE THE FOLLOWING INFORMATION ON YOUR APPOINTMENT DATE:

TEXAS OR CURRENT DRIVERS LICENSE OR IDENTIFICATION CARD

SOCIAL SECURITY CARD

PROOF OF INCOME- LAST FOUR PAY CHECK STUBS, STATEMENTS, FOR ALL EARNED OR UNEARNED INCOME

COPIES OF BANK STATEMENTS FOR PREVIOUS THREE MONTHS PRIOR TO APPLICATION FOR ALL BANK ACCOUNTS (THIS INCLUDES SAVINGS AND CHECKING)

PROOF OF COUNTY RESIDENCY- SUCH AS A COPY OF A UTILITY BILL WITH CURRENT AND CORRECT ADDRESS

IF LIVING WITH A FAMILY MEMBER, FRIEND, OR SOMEONE WHO PROVIDES YOU A HOME AND PAYS ALL EXPENSES AND BILLS. PLEASE PROVIDE A LETTER OR NOTE STATING THEY ARE PAYING THOSE EXPENSES FOR YOU AND PROVIDING YOU A PLACE TO LIVE

A COPY OF MOST RECENT SSI OR SSDI APPLICATION DENIAL LETTER, IF YOU HAVE EVER APPLIED FOR SOCIAL SECURITY SUPPLEMENTAL INCOME OR SOCIAL SECURITY DISABILITY INCOME.

COPY OF MOST RECENT YEARS TAX RETURN IF SELF EMPLOYED.

THIS INFORMATION IS REQUIRED TO PROCESS AN APPLICATION FOR RRCIHCP. PLEASE BE SURE TO FILL OUT THE ENTIRE APPLICATION AND SIGN WHERE REQUIRED. BOTH SPOUSE AND APPLICANT MUST SIGN THE APPLICATION AS WELL AS THE CASE RECORD INFORMATION RELEASE FORM. PLEASE CALL 903-427-2679 FOR AN APPOINTMENT OR COME BY THE OFFICE ON EACH TUESDAY OF THE WEEK AT 400 N WALNUT CLARKSVILLE TX 75426. MAKE SURE TO HAVE ALL REQUIRED INFORMATION WITH YOU FOR YOUR APPOINTMENT TIME.