



Indigent Health Care Program

Of Marion County Hospital District

1113 N. Walcott St., Suite B

Jefferson, Texas 75657

(903) 665-2161 Fax (903) 665-8011

INTERVIEW REQUIREMENTS

(1) PROOF OF RESIDENCE:

You must reside within the MARION County limits to be eligible to apply for the program . Examples of proof may include:

- Copy of current DRIVERS LICENSE or PICTURE I.D. with current address.
- **PROOF** you are a Marion County Resident:
 - Current Voter's registration card.
 - Copy of utility bill, mortgage or renter's receipt.
 - If you are living with someone, a signed and Notarized Verification Statement from them must be provided, that you are living in their HOUSEHOLD and what, if any, contribution (rent.)

(2) MEDICAID DENIAL

A current Medicaid Denial is required from Texas Health and Human Services Department. A Denial letter is considered current for two (2) years. To obtain a letter and/or apply please visit hhs.texas.gov or the physical location at:

Texas Human Services Department
4105 Victory Drive
Marshall, TX 75672

(3) PROOF OF INCOME – ALL MEMBERS OF THE HOUSEHOLD

Eligibility is based off of the Federal Income Poverty Guidelines and the MCHD Board of Directors. Proof is required if you or anyone in the household receives income, and/or have applied for any of the following

- **LAST THREE (3) MONTHS PAY STUBS** (everyone in the household)
- **RETIREMENT**
- **SOCIAL SECURITY**
- **CHILD SUPPORT** (copies from the Texas Child Support Disbursement Unit)
- **HEALTH CARE BENEFITS/MEDICAID** from **Texas Health & Human Services Commission**
- **AFDC** (Aid for Dependent Children), **TANF** (Temporary Assistance for Needy Families). The name for what family member and how much they receive.
- **DISABILITY** (Date you applied, showing date of application and decisions)
- **SETTLEMENTS**
- **1040 (A, EZ)** plus attachments (**W-2, 1099, other**)
- **OTHER**



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(4) RESPONSIBILITIES:

You **MUST** notify this office within fourteen (14) days of any changes in your situation such as changes in:

- Income;
- Property;
- Household members;
- Address;
- Application for/or receipt for any income listed in Article 3.

If a change occurs that makes you ineligible, and is failed to be reported to the office as required, **YOU** can be held responsible for payment of any Medical Services you receive after you become ineligible or you could be subject to prosecution under the **TEXAS PENAL CODE**.

PURPOSE OF APPLICATION:

The purpose of this application is to request a determination of eligibility for Medical Services.

Eligibility for Medical Care is determined by measuring the **entire household income** for those under eighteen (18) years of age and only for applicant when the applicant is eighteen (18) years of age or over against the Poverty Income Guidelines established by the Marion County Hospital District Board for the needy and indigent residents of Marion County, Texas.

These guidelines apply to the individual requesting services based on Income and Capital assets of the individual and those legally responsible for his/her care.

The information provided on this application will be carefully studied and the applicant will be asked to provide proof of the answers given.