



6400 E. U.S. HWY 290
 Suite 202
 Austin, TX | 78723
 Phone: 512-206-1164
 Fax: 512-206-1135
 jdiaz@tcms.com

Project Access

Enrollment Application

PART 1: Applicant Information

Date: _____

Please complete this application and return it to the above address, fax or e-mail.

 First Name Middle Name Last Name

 Street Address Apt Number City State Zip

 Date of Birth Birth Country Social Security Number Gender: Male Female

 Home Phone Work Phone Other Contact Phone Email Address

Race/Ethnicity: African-American Asian/Pacific Islander Caucasian Hispanic Other _____

Primary Language: _____

Marital Status: Single Married Divorced Separated Common-law Widowed

How many adults are in your household? _____ How many children under 18 are in your household? _____

Have you lived in Travis County for the past 6 months? (Must be able to show proof.) Yes No

What is your gross income? (Must be able to show proof.) \$ _____ Week Bi-weekly Monthly Bi-monthly

Does anyone in the family have MAP, CHIP, Medicaid, Medicare or private insurance? Yes No

Do you have an application for Medicaid, Medicare, or health insurance pending? Yes No

Do you or anyone in the household currently receive Social Security benefits? Yes No If yes, who? _____

Are you a military veteran? Yes No

Do we have permission to:

Leave a message on your home or cell phone? Yes No

Leave a message on your work voicemail? Yes No

Discuss your medical condition with another individual? Yes No

If you answered Yes, please indicate whom we can speak with and their relationship to you below.

Name	Relationship	Phone Number
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Have you seen a health care provider in the past 12 months, including emergency room, clinic, hospital or doctor?

Yes No If yes, where? _____ When? _____

Office Use Only	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Income: <input type="checkbox"/> 100% <input type="checkbox"/> 175% <input type="checkbox"/> 250% _____%	
Enrolled by: _____ (site)		Date of Enrollment: _____	
Referred to: _____			
Physician	Appointment Date	Appointment Time	



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PART 2: Household Information

Date: _____

Name: First _____ Middle _____ Last _____ Maiden _____

List all persons living with you: (Attach another page if needed)

Name (Last, First, Middle)	Relationship	Age	Married?	Gross Monthly Income	List all Assets

If no income, please explain how your basic needs such as food, clothing, shelter, utilities are being met.

I certify that the above information is a full and complete disclosure of my income and address. I certify that the above information is true to the best of my knowledge and there is no intent to commit fraud. I understand that appropriate action will be taken if the above information is misrepresented.

 Applicant Signature Date

Please attach your proof of residency and the proof of income.

YOUR APPLICATION CAN NOT BE COMPLETED WITHOUT SUPPORTING DOCUMENTS
 (See attached list of acceptable documents)

PROJECT ACCESS

Requirements:

1. ID or Texas Driver's license, Social Security card, birth certificate, Legal Permanent Resident card, and Work Permit card (Bring all that apply.).
2. Proof of Monthly Income for all members of household/family:
 - a. Current consecutive check stubs for 1 month from all jobs
 - b. Social Security award letter (SSI, SSDI, Retirement)
 - c. Child support statement from the Texas Attorney's General Office
 - d. Current statement of unemployment payments from the Texas Workforce Commission
 - e. If paid in cash or by personal check, provide letter from your employer, including date, amount paid, pay frequency and contact information.
3. Self-Employed applicants must provide a Profit-Loss statement for the past 3 months, including bank statements, checks and invoices related to the business.
4. Letter from employer stating whether or not insurance is offered. If offered provide a booklet/handout on rates, benefits, limits and open enrollment.
5. Most current tax return (Forms 1040A/Schedule C/Schedule K/1096 and 1099s)
6. Proof of address in Travis County (must be 6 months old):
 - a. Utility bill (electric, water or gas)
 - b. Home phone bill (landline, Not cell phone)
 - c. Cable/satellite bill
 - d. Voter registration card
 - e. Piece of postmarked mail

****Please Note: An Assessment CAN NOT be completed without the required documents. Should you have any questions, please call 512-206-1164.**