



PO Box 4679
Austin, TX 78765
512-206-1118

Project Access Enrollment Application

PART 1: Applicant Information

Date: _____

Please complete the three parts of this application and then mail the completed application to the address above.

Name: First _____ Middle _____ Last _____ Maiden _____

Street Address _____ Apt Number _____ City _____ State _____ Zip _____

Gender: Male Female

Date of Birth _____ Birth Country _____ Social Security Number _____ Driver's License Number _____

Home Phone _____ Work Phone _____ Other Contact Phone _____

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

Marital Status: Married Separated Divorced Single Widowed

U.S. Citizen: Yes No If No, are you a Legal Permanent Resident? Yes No Date of Residency _____

Highest education level completed: _____ Primary Language: _____

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

Are you currently employed? Yes If yes, Where? _____
 No If no, date of last employment. _____

What is your monthly income before taxes? (Must be able to show proof) _____

Have you ever received medical assistance from MAP? Yes No
If yes, when? _____ Why was it terminated? _____

Do you currently have Medicaid or Medicare? Yes No Do you currently have Health Insurance? Yes No

Have you ever received Medicaid, Medicare, or Health Insurance Benefits? Yes No
If yes, when? _____ Why was it terminated? _____

Do you have an application for Medicaid, Medicare, or Health Insurance pending? Yes No

Do you currently receive Social Security or SSI Disability? Yes No If yes, which? _____

Do you have a military related disability? Yes No

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"/> 125% <input type="checkbox"/> 150% _____%
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 _____

Please complete the following for each family member living with you: (Attach another page if needed)

Name (Last, First, Middle)	What Kin to You?	Age	Married?	Monthly Income (before taxes)	Checking + Savings

If anyone above is self-employed, please indicate amount of monthly business expenses for each: _____

If anyone above owns a vehicle, please indicate year, make, and model _____

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

Please attach to this application your proof of residency and the proof of income for each family member listed above who has income. Acceptable proofs are listed on the attachment. **YOUR APPLICATION CAN NOT BE COMPLETED WITHOUT THESE PROOFS.**

I certify that the above information is a full and complete disclosure of my income and address. I certify that I am a U.S. Citizen or lawful permanent U.S. resident. 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

Acceptable Sources of Proof for Project Access

ACCEPTABLE PROOFS OF RESIDENCY (provide one document below)

NOTE: Document must be dated at least 6 months ago or be at least 6 months old

- Copy of valid Texas driver's license or Department of Public Safety ID card with current address
- Copy of Voter Registration card
- Copy of utility bills or utility company records
- Copy of rent receipt or written statement from non-relative landlord
- Copy of mortgage receipt or written statement from a mortgage company
- Copy of employment records or statement from non-relative employer
- Copy of church records or written statement from clergy
- Envelope of mail postmarked at least 6 months ago with household name and address
- Copy of court child-support order, juvenile court records, or child welfare records

ACCEPTABLE PROOFS OF INCOME (provide one document for each type of income)

EARNED INCOME

- All check stubs from the 1st of last month to the present.
- Or employer's written statement including:
 - 1) Employer's name, address, and phone number
 - 2) How much money was earned each pay period from the 1st of last month to the present.

OTHER INCOME

- Copy of check
- Or bank statement showing dividends and interest for bank accounts
- Or written statement from company or union providing pensions or union benefits

SELF-EMPLOYMENT INCOME

- Last year's IRS tax return or business records and receipts

SOCIAL SECURITY INCOME OR SUPPLEMENTAL SECURITY INCOME (SSI)

- Current award notice, letter, or written statement from Social Security Administration
- Or copy of current check or direct deposit slip

WORKER'S COMPENSATION INCOME

- Copy of check/check stub or current award notice, or written statement from Claims Adjuster, Attorney, or Insurance company

EDUCATIONAL GRANTS, SCHOLARSHIPS, LOANS INCOME

- Written statement, letter, or records from School, Organizations, clubs, or agency providing benefit

UNEMPLOYMENT COMPENSATION INCOME

- Current award notice or written statement from Texas Workforce Commission or copy of current check

OTHER GOVERNMENT BENEFITS

- Current award notice, letter, or official written statement or copy of current check

CONTRIBUTIONS

- Written statement from person or agency providing the money or making payments for you. Their written statement should include: Their name, address, and phone number, how much money they gave you from the 1st of last month to the present, if the support will continue or when the support will end

CHILD SUPPORT INCOME

- Cancelled checks (1st of last month to present, if possible)
- Or Attorney General collection and distribution records or current court records (court order, court support agreement divorce or separation papers, etc)