

# Your Texas Benefits: Renewal Form

Case number: 1234567890



## How to renew

**You can renew online at**  
**[www.YourTexasBenefits.com](http://www.YourTexasBenefits.com).**

### If you don't want to renew online, fill out this form:

1. If you need to correct anything on this form:  
(a) cross it out, and (b) update it.
2. Sign and date page 9.
3. Attach the items we need.  
Items are listed next to the questions.
4. Send in this form by fax, mail, or in person:

**Fax:** 1-877-447-2839. If the form is 2-sided fax both sides.

**Mail:** TEXAS HEALTH AND HUMAN SERVICES COMMISSION  
P O BOX 149025  
AUSTIN, TEXAS 78714-9025

**In person:** At a benefit office. Call 2-1-1 to find one near you.

**All phone and fax numbers on this form are free to call.**

## Questions?

Call 2-1-1 or 1-877-541-7905.

After you pick a language, press 2 to:

- Ask questions about this form.
- Find where to get help filling out this form.
- Check the status of this form.
- Ask questions about benefit programs.

To learn more about benefits, you also can go to  
[www.hhsc.state.tx.us](http://www.hhsc.state.tx.us) and [www.CHIPMedicaid.org](http://www.CHIPMedicaid.org).

### Report waste, fraud, and abuse

If you think anyone is misusing HHSC benefits, call  
1-800-436-6184.

### Medicaid for people age 65 or older and for adults who have a disability:

If you want to apply for Medicaid for the Elderly and People with Disabilities, call 2-1-1. Ask for a different form.

<b>First name</b> Gayle	<b>Middle initial</b>	<b>Last name</b> Test		
<b>Home address (street and apartment number)</b> 1609 Center Creek	<b>City</b> Austin	<b>State</b> TX	<b>ZIP</b> 78754	<b>County</b> Travis
<b>Home phone</b>		<b>Cell or daytime phone</b>		
<b>Mailing address (if different from home address)</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>	

Most people applying for benefits must be interviewed. We often interview people on the phone. It helps to know if any of the following reasons make it hard for you to get to a benefits office:

- You live more than 30 miles from the closest benefits office.
- You can't get a ride.
- The weather is bad.
- You are sick.
- You take care of someone in your home.
- Your work or training hours don't allow you to get to a benefits office when it's open.
- You can't travel because you are age 60 or older, or you have a disability.
- You are a victim of family violence.

Do any of the above reasons apply to you?

☐ Yes ☐ No

You said you speak Spanish during your interview. If you want to speak a different language,  
which one? \_\_\_\_\_ Do you need an interpreter? We can get one for free.

☐ Yes ☐ No





The people on your case get the benefits marked below. If you want to apply for another program, check the box next to that program.

- ☒ SNAP food benefits      ☐ TANF cash help for families      Health care for: ☐ Children  
☐ Adult caring for a child  
☐ Pregnant women

### People renewing their benefits

Everyone on your benefits case should be listed below.

First name	Last name	This person's relationship to you	Birth date	Is this person still living in your home?
Gayle	Test		11/1/1981	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jane	Test		11/1/2005	<input type="checkbox"/> Yes <input type="checkbox"/> No

List anyone who lives with you, but isn't listed above.

Name (first and last)	Male or female?	This person's relationship to you	Social Security number	Birth date	U.S. citizen	If not a U.S. citizen, tell us:		Is this person applying for benefits?
						Immigrant registration number	Date this person entered the United States	
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

### Other facts

Has anyone been convicted of a felony for conduct that: (1) took place after August 22, 1996, and (2) involved illegal drugs? If yes, who? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone getting cash help, food, or health-care benefits from another state? If yes, who? _____ Which state? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No





Is anyone living in the home: (1) age 18 years or older, and (2) a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in your home pregnant? If yes, who? _____ Is this your first pregnancy? Due date (mm/dd/yyyy) _____ Number of babies expected _____ What is the first and last name of the unborn child's father? First: _____ Last: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone have a disability? If yes, who? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Health insurance

Does anyone have health insurance other than Medicare, Medicaid, or CHIP? If yes, who? _____ Send a copy (front and back) of the insurance card.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### Things you are paying for or own

Does anyone own or is anyone paying for a: car, truck, boat, motorcycle, or other vehicle? If yes, give facts below:					<input type="checkbox"/> Yes <input type="checkbox"/> No
Year	Make	Model	Monthly payment	Monthly insurance payment	Money still owed
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Does anyone have cash, bank accounts, homes, or other property? If yes, write the amount or value below. Write "none" if no one has any of these items. <b>Send the most recent statement for all accounts.</b>  Cash: \$ _____ Other: \$ _____ Bank accounts: All savings \$ _____ All Checking \$ _____ Property if you don't live on it: \$ _____ Homes if you don't live in them: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## Preferred Method of Contact by Health Plan Providers or Managed Care Organizations

### For pregnant individuals only

If you get health benefits from us, your health plan provider or managed care organization may contact you for things like appointment reminders and information about immunizations or well-check visits.

You can choose to have them contact you by telephone, text message, or email. Please rank how you would prefer to be contacted, with 1 being your most preferred.

Name: \_\_\_\_\_

Language you prefer to be contacted in: \_\_\_\_\_

<input type="checkbox"/> By telephone	Telephone number: _____ (If contacted by cellular telephone, the call may be autodialed or prerecorded, and your carrier's usage rates may apply.)
<input type="checkbox"/> By text message	Cellular telephone number: _____ (Carrier message and data rates may apply)
<input type="checkbox"/> By e-mail	E-mail Address: _____

## Money coming into your home

List all money everyone living in your home gets or will get. Include money from jobs or self-employment, unemployment benefits, Social Security, Supplemental Security Income (SSI), child support, student financial aid, Veteran's Benefits, or cash loans.

**Send pay stubs or statement from the last 60 days. If you work for yourself, attach proof of money you get (income), taxes and job costs. Add more pages if you need more room.**

Name of person getting this money	Person, company, or agency paying the money. If you were working for yourself, write "self."	Hours worked per week	How often paid?	Amount you get paid (before taxes and deductions are taken out)
			<input type="checkbox"/> no longer working <input type="checkbox"/> once a week <input type="checkbox"/> every 2 weeks <input type="checkbox"/> once a month <input type="checkbox"/> daily <input type="checkbox"/> other	
			<input type="checkbox"/> no longer working <input type="checkbox"/> once a week <input type="checkbox"/> every 2 weeks <input type="checkbox"/> once a month <input type="checkbox"/> daily <input type="checkbox"/> other	
			<input type="checkbox"/> no longer working <input type="checkbox"/> once a week <input type="checkbox"/> every 2 weeks <input type="checkbox"/> once a month <input type="checkbox"/> daily <input type="checkbox"/> other	
			<input type="checkbox"/> no longer working <input type="checkbox"/> once a week <input type="checkbox"/> every 2 weeks <input type="checkbox"/> once a month <input type="checkbox"/> daily <input type="checkbox"/> other	





### Housing costs

Does anyone pay any of the costs listed below for the home they are living in?  
Or for a home they plan to return to?

☐ Yes ☐ No

Rent or home payment \$ \_\_\_\_\_ Natural gas/propane \$ \_\_\_\_\_ Taxes on home \$ \_\_\_\_\_  
Phone \$ \_\_\_\_\_ Water or sewer \$ \_\_\_\_\_ Electricity \$ \_\_\_\_\_  
Insurance on home \$ \_\_\_\_\_ TV cable \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Send statements or bills showing your name and address.**

### Costs for people who depend on you

Does anyone pay child care costs so they can work, look for work, go to training or go to school?  
If yes, \$ \_\_\_\_\_

☐ Yes ☐ No

**Send statements or bills showing your name and address.**

Does anyone pay child support payments, medical bills, and health insurance for a child outside  
your home?

☐ Yes ☐ No

If yes, \$ \_\_\_\_\_

**Send statements or bills showing your name and address.**

Does anyone pay for costs for people with disabilities or adults who can't take care of themselves?  
If yes, \$ \_\_\_\_\_

☐ Yes ☐ No

**Send statements or bills showing your name and address.**

### Other costs

Does anyone in the home pay alimony?

If yes, how much do you pay each month? \$ \_\_\_\_\_

☐ Yes ☐ No

Does anyone in the home pay credit card costs?

If yes, how much do you pay each month? \$ \_\_\_\_\_

☐ Yes ☐ No

Does anyone in the home pay other regular monthly costs?

If yes, how much do you pay each month? \$ \_\_\_\_\_

☐ Yes ☐ No

Does another person not on your case help anyone on your case pay for any of the above costs?

If yes, who? \_\_\_\_\_

☐ Yes ☐ No

### Medical costs

Does anyone in the home age 60 or older, or anyone with a disability, pay medical costs: doctor,  
hospital, or medicine?

☐ Yes ☐ No

**If yes, send bills, receipts, or statements.**





## Legal Information

### Nondiscrimination:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

### Supplemental Nutrition Assistance Program (SNAP)

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

### Medicaid and Temporary Assistance for Needy Families

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You also can file a complaint with the Texas Health and Human Services Commission, Civil Rights Office. Email [HHSCivilRightsOffice@hhsc.state.tx.us](mailto:HHSCivilRightsOffice@hhsc.state.tx.us), call 1-888-388-6332, fax (512) 438-5885, or write Texas Health and Human Services Commission, Civil Rights Office, 701 W. 51st St., MC W206, Austin, Texas 78751.

### Social Security numbers:

You only need to give the Social Security numbers (SSN) for people who want benefits. Giving or applying for an SSN is voluntary; however, anyone who doesn't apply for an SSN or doesn't give an SSN can't get benefits. If you don't have an SSN, we can help you apply for one if you are a U.S. citizen or a legal immigrant. You must be a U.S. citizen or a legal immigrant to get an SSN. You can get benefits for your children if they have SSNs and you don't. We will not give SSNs to the U.S. Immigration and Citizenship Services. We will use SSNs to check the amount of money you get (income), if you can get benefits, and the amount of benefits you can get. (7 C.F.R 273.6 for food benefits; 45 C.F.R 205.52 for TANF; and 42 C.F.R 435.910 for health care.)





### Citizenship and Immigration status:

You can get benefits for your children who are U.S. citizens or legal immigrants even if you are not a U.S. citizen or a legal immigrant. You do not have to give your citizenship or immigration status to get benefits for your children. You only have to give the citizenship or immigration status of people who want benefits. If you are not a U.S. citizen or a legal immigrant, the only benefits you might be able to get are emergency Medicaid services. Getting long-term care (Medicaid for the Elderly and People with Disabilities) or cash help (TANF) could affect your immigration status and your chances of getting a Permanent Resident Card (green card). Getting other benefits will not affect your immigration status and your chances of getting a Permanent Resident Card. You might want to talk to an agency that helps immigrants with legal questions before you apply. If you are a refugee or have been given asylum, getting benefits will not affect your chances of getting a Permanent Resident Card or becoming a citizen.

### Statement of Understanding

Read the box marked "All Benefit Programs." Then read the boxes about each of the benefits anyone is applying for.

#### All Benefit Programs

##### Facts HHSC has about me

HHSC uses facts about people applying for benefits to decide: (1) who can get benefits, and (2) the amount of benefits.

HHSC checks facts with the federal Income and Eligibility Verification System. If any facts don't match, HHSC will check other sources (banks, employers, etc.).

If anyone applying for benefits has an immigration registration number, HHSC must check with the U.S. Citizenship and Immigration Service (USCIS) system. HHSC will not give anyone's facts to USCIS.

In most cases, I can see and get facts HHSC has about me. This includes facts I give HHSC and facts HHSC gets from other sources (medical records, employment records, etc.).

I might have to pay to get a copy of these facts. I can ask HHSC to fix anything that is wrong. I do not have to pay to fix a mistake. To ask for a copy or to fix a mistake, I can call 2-1-1 or my local HHSC benefits office.

##### Keeping my facts private

HHSC will keep my facts private if they were collected:

- By HHSC staff or contracted provider staff.
- To find out if I can get state benefits.

HHSC can share facts about me:

- When needed for me to get state health care benefits.
- With phone and utility companies. They will find out if my bill amount can be lowered. HHSC will give them my name, address, and phone number.

#### SNAP food benefits:

Read this box if you are applying for food benefits.

##### Telling the truth

Anyone who applies for or gets SNAP must:

- Tell the truth.
- Never trade or sell SNAP benefits, Lone Star Cards, or other devices that allow people to get SNAP.
- Never use or have Lone Star Cards or other devices if they don't belong to that person.

##### Facts anyone tells or gives HHSC

HHSC uses the facts anyone tells or gives HHSC, including Social Security numbers to:

- Check if that person can get benefits.
- Make sure that person is following benefit program rules.
- Help other agencies check if that person can get other benefits.
- Recover benefits that person wasn't supposed to get.
- Share facts about that person with other state and federal agencies (for example, the Texas Workforce Commission, the Social Security Administration, and the Internal Revenue Service).





**Anyone who chooses not to tell the truth might:**

- **Not get SNAP for a year or more.**
- **Be fined up to \$250,000, jailed up to 20 years, or both.**
- **Lose income tax refunds.**
- **Be charged with other crimes.**
- **Have to repay benefits.**
- **Never get SNAP again.**

The same is true if anyone lets someone else use their Lone Star Card.

- Share facts with law enforcement officials so they can find people on that person's benefits case (the household) who are wanted for fleeing the law.
- Share facts with federal, state, and private claims collecting agencies for food benefit overpayment claims collection action.
- Check that person's facts with computer matching programs and credit reporting agencies.

(Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036.)

**Medicaid:**

Read this box if you are applying for Medicaid benefits.

**Giving out facts about me**

I agree to let Medicaid health care providers (doctors, drug stores, hospitals, etc.) give out any facts about me to HHSC. This will allow the providers to be paid by Medicaid.

**If I give false information**

If I choose not to tell the truth, I might:

- Be charged with a crime.
- Have to repay benefits.

The same is true if I let someone else use my medical card or Medicaid ID.

**If I'm afraid to give facts about someone because it could cause harm (physical or emotional) to me or my child:**

I can ask to not give facts about that person. I will need to work with HHSC and a family violence center to get a "Family Violence Exemption."

**Medical and child support payments**

Depending on my benefits case, the Attorney General (the state) might check that I am getting the right amount of child or medical support payments and coverage.

- If only my child gets Medicaid, I can decide if I want the state to help get any payments and coverage we should get, but don't get right now.
- If my child and I both get Medicaid, I must:
  - Help the state get any payments and coverage we should get, but don't right now. If I don't help the state, my child can get Medicaid, but I might not.
  - Identify who the child's other parent is.
  - Allow the state to keep any medical support payments.

If I get Medicaid, HHSC will keep medical service payments I can get from other sources, such as:

- My health insurance.
- Money I got because of injuries.
- Money collected for me or my children by the Office of Attorney General.

I must tell HHSC about these sources. If I don't, I am breaking the law.

HHSC will only keep the amount of medical support and service payments allowed by law. I will work with HHSC to get these funds.







### TANF cash help for families:

Read this box if you are applying for TANF.

#### Child support or alimony

I agree to:

- Let the state keep any child support or alimony money owed to anyone during the time they get TANF.
- Let the state keep this money after TANF benefits end, if the TANF amount anyone got still needs to be paid off.
- Tell HHSC about money anyone gets.
- Work with HHSC to get this money; if I don't, I am breaking the law.

The state will only keep the amount allowed by law.

#### If I give false information

If I choose to not tell the truth, I might:

- Be charged with and punished for a crime. (This could include going to prison for up to 10 years or community supervision.)
- Have to repay benefits.
- Never get TANF again.

### People helping you

Did someone help you fill out this form?

☐ Yes ☐ No

If yes, tell us about that person:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship or organization

( \_\_\_\_\_ ) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Address





## Authorized Representative

If you want, you can give someone the right to act for you (an authorized representative).

That person can:

- Give and get facts for this application
- Take any action needed for the application process. This includes appealing an HHSC decision.
- Take any action needed to enroll in Medicaid or CHIP. This includes picking a health plan.
- Take any action needed to get benefits. This includes reporting changes and renewing benefits.

If you give someone the right to act for you, that person agrees to:

- fulfill all your responsibilities related to Medicaid;
- keep information about you private;
- obey state and federal laws about conflict of interest and keeping information private, including:
  - laws that protect information on people who apply for or receive Medicaid (42 CFR part 431, subpart F);
  - laws about the privacy and safety of personally identifiable information (45 CFR §155.260(f)); and
  - laws barring the state from paying anyone other than your provider or you for Medicaid services, except in a few circumstances (42 CFR §447.10).

You can have only one authorized representative for all your benefits from HHSC. If you want to change your authorized representative: (1) log in to your account on YourTexasBenefits.com and report a change, or (2) call 2-1-1 (after you pick a language, press 2). If you're a legally appointed representative for someone on this application, send proof with the application.

Do you want to give someone the right to act for you to be your authorized representative?

If yes, tell us about that person (the authorized representative)

☐ Yes ☐ No

\_\_\_\_\_  
Name of authorized representative

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Address

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Phone

**\*\*\* You must sign and date the next page.\*\*\***

### Signing up to vote

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?**

☐ Yes ☐ No

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Elections Division, Secretary of State, PO Box 12060, Austin, TX 78711.

Phone: 1-800-252-8683



**Agency Use Only: Voter Registration Status**

☐ Agency registered ☐ Client declined ☐ Agency registered ☐ Client to mail ☐ Mailed to client ☐ Other

Agency staff signature \_\_\_\_\_

**By signing below, I agree:**

- To let HHSC and other state, federal, and local agencies check, share, and get facts about anyone on my benefits case (the household).
- To let other people, businesses, and organizations share facts they have about anyone on my benefits case (the household) with HHSC.
- The facts to be checked and shared include anything that helps decide: (1) who can get benefits, and (2) amount of benefits.

**My answers are true: I certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge. If it is not, I may be subject to criminal prosecution.**

**Sign here to show you agree:**

**Person applying or the authorized representative for the person applying for benefits:**

\_\_\_\_\_  
Sign here

\_\_\_\_\_  
Date

**Witness (only needed if anyone above signed with an "X" or other mark):**

\_\_\_\_\_  
Sign here

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of witness

**Parent, guardian, or power of attorney for the person applying (you must give proof of this right):**

\_\_\_\_\_  
Sign here

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date





## Help you can get without filling out this form

<b>Services in your Area</b>  <b>Do you need help finding services?</b>  Call 2-1-1 (if you can't connect, call 1-877-541-7905). After you pick a language, press 1.	<b>Family Violence Program</b>  Are you afraid for your children's or your safety?  You can get help to: <ul style="list-style-type: none"><li>• Getting a ride to a safe place.</li><li>• Finding shelter, legal help, and a job.</li><li>• Getting counseling.</li></ul> Call the hotline anytime at 1-800-799-7233 (1-800-799-SAFE) (TTY 1-800-787-3224).	<b>Alcohol and Drug Abuse Prevention Program</b>  Do you or someone you know want to stop using alcohol or drugs?  You can get help: <ul style="list-style-type: none"><li>• Quitting.</li><li>• Dealing with a crisis.</li><li>• Keeping others from using drugs or alcohol.</li></ul> Call 1-877-966-3784 (1-877-9-NO DRUG).
<b>Texas Workforce Network</b>  Are you looking for work?  You can get help: <ul style="list-style-type: none"><li>• Applying for a job.</li><li>• Finding a job.</li></ul> Call 2-1-1 to find a Texas Workforce Center.	<b>Adult Education and Family Literacy Program</b>  Do you want help learning to read or getting a GED? Do you need help with job skills? Or learning to speak English?  Call 1-800-441-7323 (1-800-441-READ).	<b>Health Insurance Premium Payment Program</b>  Do you need help paying for your health insurance?  Call 1-800-440-0493.  Or write: Texas Health and Human Services Commission TMHP-HIPP PO Box 201120 Austin, Texas 78720-1120
<b>Family Planning</b>  Do you need help with family planning?  Men and women can get help with: <ul style="list-style-type: none"><li>• Birth control supplies.</li><li>• Other health care.</li></ul> Call 2-1-1 to find a clinic.  Women age 15 to 44 who can't get Medicaid or CHIP might be able to get services in the Healthy Texas Women program. A parent or legal guardian must apply for young women age 15 to 17. To learn more, go to <a href="http://HealthyTexasWomen.org">HealthyTexasWomen.org</a> or call 1-866-993-9972.	<b>Women, Infants and Children program (WIC)</b>  Are you pregnant or a new mother?  You can get help: <ol style="list-style-type: none"><li>1. Getting food for you and your children.</li><li>2. Getting vaccines.</li></ol> Call 1-800-942-3678.	<b>Important Information for Former Military Service Members</b>  Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Air Force, Coast Guard, Reserves or National Guard may be eligible for additional benefits and services. For more information, please visit the Texas Veterans Portal at <a href="https://veterans.portal.texas.gov">https://veterans.portal.texas.gov</a> .

