



Primary Health Care (PHC), TV CHD and TV PMD

Verification of Eligibility

Office Name	Office Area Code and Phone No.
Office Address (Street, City, State and ZIP Code)	
Name of Eligibility Staff Approving Eligibility	

Program eligibility begins on [date] and will expire* on [date].

*Program eligibility will expire 365 days from the date eligibility begins, with the following exceptions:

- Title V Child Health and Dental (TV CHD) eligibility will expire on the 22nd birthday.
- Title V Prenatal Medical Dental (TV PMD) eligibility will expire three months after delivery or pregnancy loss.

Your application has been approved for the following program(s)

Client's Name	Date of Birth	Program Enrolled (PHC, TV CHD, TV PMD)	Co-pay

Client Responsibilities

1. You must notify the office above as soon as possible of any changes in your situation. Changes can include changes, health insurance, family members or change of address.
2. If a change occurs that makes you ineligible and you fail to report the change as required, you may be responsible for payment of any medical services you receive after you become ineligible. You also may be subject to prosecution under the Texas Penal Code.
3. You are responsible for renewing your eligibility before the expiration date. Form 3029, Application for Program Benefits, must be completed and submitted within 30 days of your eligibility end date.
4. You have the right to file a complaint with the HHSC Civil Rights Office at 888-388-6332 about the handling of this application or any action taken by the program.

A copy of this form must be given to the client and the original form must be kept with the client's record.