



Montague County Indigent Health Care

P.O. Box 158 Montague, Texas 76255

(940)-894-2540

Application for Assistance

Please complete the application and return in person or by mail to:

Montague County Indigent Health Care

P.O. Box 158 Montague, Texas 76255

Once our office has received your completed application we will either send you an appointment for an interview or a denial explaining why you are ineligible. You should expect something in 7-10 days.

** Please be sure to list everyone that is living in your home. However, DO NOT list their income, vehicles, or other information- ONLY YOURS.

Things you could need for your appointment:

- Picture ID with current address
- Utility Bill
- Statement of Support Letter (from the person that pays your bills stating that they provide everything for you.)
- Social Security Disability Denials
- Divorce Papers
- Checking/Savings Account Statements
- Vehicle Registration
- Food Stamp Letter
- Medicaid Denial

RETURN TO: Montague County Indigent Health Care Program
P.O. Box 158
Montague, Texas 76251
940-894-2540 office

STATEMENT OF SUPPORT

I _____, provide help to _____. This assistance started (date): _____.

I help out by paying the following: (List all items that you provide and/or pay for, such as housing, food, clothing, transportation, spending money, utility bills, other bills, etc., and include who the money is paid to.)

<u>ITEMS PROVIDED</u>	<u>MONTHLY AMOUNT</u>	<u>PAID TO</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you expect to be repaid? YES NO

How will you help this household in the future? _____

I understand that providing false information can result in a fine or imprisonment. I certify that the above information is correct to the best of my knowledge.

PRINTED NAME: _____

RELATIONSHIP TO THE PERSON NAMED ABOVE: _____

YOUR ADDRESS: _____

YOUR TELEPHONE NUMBER: _____

DATE: _____ SIGNATURE: _____

Montague County Indigent Health Care

1. What is your physical address?

2. How long have you lived at this address?

3. Who all lives in this house?

4. Are you single (never married), married (Legal or common law), divorced, widowed or separated?

5. Do you own a vehicle? If not, how do you get around?

6. If you do not have a job, when is the last time you worked and for whom?

7. Why aren't you working now?

8. If you have no income, how do you exist?

9. Who pays for your expenses, such as food, personal items, etc.?

10. Is this a loan? _____ If not, why does this person pay your expenses?

11. What are your medical needs and/or problem?

12. Have you been told by a physician that you are permanently disabled?

13. THIS PROGRAM IS THE LAST RESORT PROGRAM...

So, have you applied for or gone to any of the following for assistance?

- Texas Department of Human Services (Medicaid) _____
- Texas Rehabilitation Commission _____
- Texas Workforce/Employment Commission _____
- Social Security Administration (Disability/SSI) _____
- Crime Victims (If you were involved in assault/crime) _____
- Unemployment _____

MONTAGUE COUNTY INDIGENT HEALTH CARE PROGRAM
P.O. Box 158
Montague, Texas 76251-0158
Montague County Courthouse Annex

Ginger Wall
C.I.H.C.P. Officer

Telephone 940/894-2540
Facsimile 940/894-2543

MONTAGUE COUNTY FRAUD POLICY AND AGREEMENT WITH
ACKNOWLEDGEMENT OF RESPONSIBILITIES

Applicant _____ SSN: _____

As a member of a household applying for health care assistance from the Montague County Indigent Health Care Program, I agree to the following requirements during the process and, if approved, while I am receiving benefits:

* _____ I must give information to the Indigent Health Care Program about any other third party financially liable for my health care, including but not limited to: Medical insurance, Workers Compensation and Auto Liability Insurance. I hereby give the Montague County the right to recover the cost of healthcare services provided by the program from any third party.

* _____ All medical specialties be referred by your Primary Health care provider

* _____ I must present my county indigent healthcare card to receive medical services and prescriptions and notify all all medical providers that I have coverage with the program.

* _____ I will follow Indigent healthcare Program policies, as well as my medical providers' office policies, concerning behavior, cancelling or postponing appointments.

* _____ It is recommended that hospital emergency rooms only for actual emergencies, not basic health care.

* _____ I understand the program will only pay for 3 prescriptions per calendar month. (Diabetic and Ostomy supplies will not be counted toward the 3 maximum) I further understand that not all classes of drugs will be covered by this program.

* _____ If I receive any medical bills I will immediately notify the doctor or hospital of my coverage so that they can send the county as a medical claim.

* _____ I understand dental, eyeglasses, chiropractors, hearing aids, ambulance, and durable medical equipment (canes, walkers, etc.) are not covered.

* _____ I understand Montague County does not pay 100% of billed charges and I could be responsible for balances.

* ____ The length of time that between eligibility screenings will be at the discretion of the Indigent Health Care Program staff.

* ____ I may be asked to register with the Texas Workforce Commission.

* ____ I understand that my benefits are only \$30,000.00 on the program.

* ____ I understand that foul language whether in person, on the phone or written will not be tolerated.

* ____ I understand that if I do not fulfill my responsibilities in the physician-patient relationship or in conducting business with the Indigent Health Care Program staff, including but not limited to, frequently missed appointments, abusive or disruptive behavior, or failure to provide information as reasonably requested, the Indigent Health Care Program may terminate my eligibility for benefit under the program.

* ____ I understand that in accordance with Chapter 61 of the Texas Health and Safety code, it is my responsibility as the applicant to inform the County, at the time of the application or at any time during eligibility, of any unsettled tort claim that may affect medical needs and of any private accident or sickness insurance coverage that is or may become available. I further understand that it is my responsibility as the applicant to inform the county of any injury that is caused by the act or failure to act of some other person. I further understand that it is my responsibility as the applicant to inform the County as required within 10 days of the date that I learn of my insurance coverage, tort claim, or potential cause of action.

If at any time, the Indigent Health Care Program becomes aware of abuse of the policies agreed to, the privileges may be terminated. This may or may not be preceded by personal consultation with the client. A letter of termination will be sent to the client by certified mail if this occurs.

I hereby give permission to the Montague County Indigent Health Care Program to obtain a background check from Texas Workforce Commission, Department of Motor Vehicle Registration, Credit Bureau, Banks, and any other sources that may need to be contacted, in the Programs sole discretion, to determine eligibility for the program.

I authorize my public agency, including but not limited to Social Security Administration, Medicaid and Medicare, to furnish Montague County or its agents, information related to assets or any other sources of income to me held in my name and/or my criminal history. I hereby release Montague County and all of its agents and employees from all liability from the furnishing of information to Montague County.

I certify that I have read and understand statements in this form. I further certify that any statements made by me on this form and on my application for the Indigent Health Program are true, accurate, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false statements made herein or on my application for the Indigent Health Care Program will void further consideration for eligibility in Montague County Indigent Health Care Program for health services.

Definition:

Fraud is the deliberate misrepresentation of some material fact for the purpose of acquiring benefits.

Procedure:

When the Indigent Health Care (IHC) staff has reason to believe that fraud may have occurred, the following procedures shall be followed:

1. The IHC staff shall investigate all cases of suspected fraud and shall collect and document evidence
2. Upon a finding of fraud, the client shall be administratively ineligible from IHC as follows:

First offense	24 months from the date fraud was discovered
Second Offense	36 months from the date fraud was discovered
Third offense	24 months + 12 months per subsequent offense

The IHC staff shall contact the client who is suspected of fraud by sending a certified letter informing him of the withdrawal of eligibility and explaining the allegations. If the client disputes the allegations, the client will be allowed to submit applicable supporting documents/verifications for further consideration.

If the dispute remains unresolved, the IHC staff shall schedule an administrative hearing to allow the client to defend himself by confronting any adverse witness and by presenting his own argument and evidence. The IHC staff must disclose any evidence used to prove its case to the client so he has an opportunity to dispute it. The administrative hearing shall be held at the office of the Montague County Judge during normal business hours. The client shall be given 30 days written notice of the date of the administrative hearing. The burden of proof lies with the IHC program. If the client does not appear at the administrative hearing, the IHC Eligibility Clerk or designee may proceed with presentation of the case only if proof of notice is present. A determination will be made within ninety days of the hearing.

Consequence of Fraud:

If, after due process, a person is found to have intentionally misrepresented information in order to receive benefits, that person:

Shall reimburse Montague County for the cost of benefits they were ineligible to receive;

- Shall be administratively ineligible for Montague County IHC benefits in accordance with Montague County IHC Policies and Procedures; and
- May be subject to prosecution under the Texas Penal code.

Applicant Signature

Date

C.I.H.C.P. Officer Signature

Date

Copy of DL: _____

Copy of SS card: _____