

Navigating Public Assistance for Refugee Clients

SNAP/TANF/MEDICAID

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Texas Health and Human Services Commission (HHSC) Application Processing



Application Processing Timeline:

New applications are typically processed within **30 to 45 days**



Processing Priority Order:

- **Children's Medicaid**
(Newborn to 18 years old)
- **Pregnancy Medicaid**
- **Expedited SNAP**
(Supplemental Nutrition Assistance Program)
- **Routine SNAP**
- **TANF** (Temporary Assistance for Needy Families)
- **Single Adult Medicaid**

APPLICATION KEY COMPONENTS

**Household
Composition**

Identity

**Mandatory and
disqualified
household
members**

Define relationships
to establish
certification groups

**Citizenship and
Immigration Status**

**Proof of Texas
residence**

Tax filing status

Social Security
number or receipt
of SSN application

APPLICATION KEY COMPONENTS



**Domicile
verification**



Tax filing status
(required for
Medicaid)



Form H1155
(required for
Medicaid and TANF)



**Financial statements
and verification**



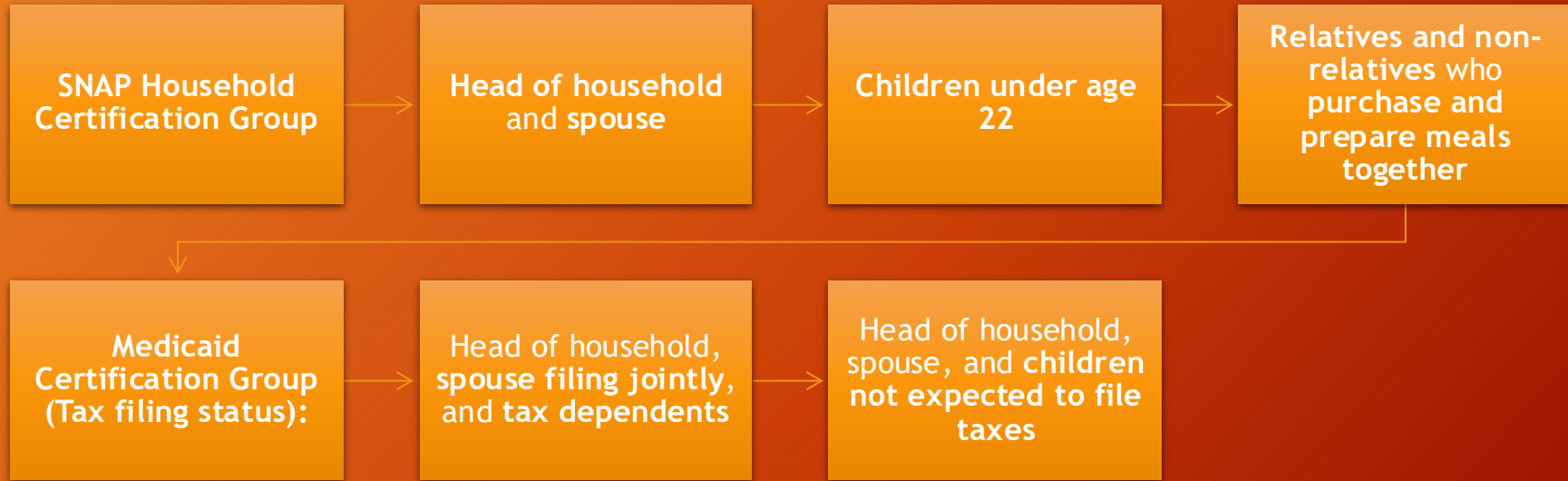
Resources: Bank
accounts, vehicles,
liquid assets



Income: Earned and
unearned



Expenses: Shelter
costs, utilities, phone
bill



Household Composition for SNAP & Medicaid

Required Verification: Identification & Proof of Residence

Photo Identification

Acceptable forms of ID include:

- Passport
- Immigration entry documents (e.g., I-94)
- Employment Authorization Document (EAD)

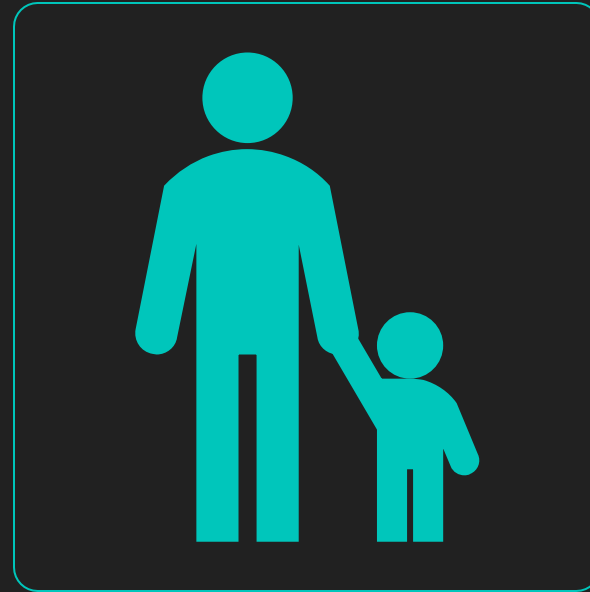
Proof of Residence

Accepted documents to verify address:

- Copy of lease or rental agreement
- Utility bill (electricity, gas, water, etc.)
- Any mail addressed to the Head of Household at current address
- Written statement from a non-relative confirming residence

Domicile Verification Requirements

- Required for Medicaid and TANF Programs
- Confirms that **eligible children and adults** applying for benefits **reside in the same household**
- Acceptable documentation:
 - **Form H1155 – Domicile Verification**
 - **Written statement from a non-relative** confirming shared residence



ABAWD Rules & Employment Registration Requirements

ABAWD: Able-Bodied Adults Without Dependents

- Limited to **3 months of SNAP** assistance in a 12-month period unless:
 - Employed **30+ hours/week**, or
 - Eligible student (**temporary COVID-19 exemption**)
- Not considered an ABAWD if part of a SNAP household **with a child under age 18**

Employment Registration Requirements

- Applies to **all adults** in the household
- **Exemptions include:**
 - Individuals with a **disability**
 - Adults **caring for a child under 6**
 - Participants in a **qualifying job placement program**

Enumeration (SSN) & Immigration Status

Enumeration (Social Security Number)

- All applicants must provide:
 - A valid **Social Security Number**, or
 - **Proof of SSN application**, such as:
 - **Signed Form H1106**, or
 - Official letter from the **Social Security Administration**



Immigration Status Documentation

- Required information includes:
 - **U.S. entry date** and **document expiration date** (used to assess eligibility)
 - **A-Number**
- **Acceptable Immigration Documents** may include:
 - I-94 with refugee or asylee designation
 - USCIS Notice of Action (Form I-797)
 - Employment Authorization Document (EAD – Form I-766)
 - Immigrant Visa with annotation
 - Form I-551 (Permanent Resident Card)
 - Asylum approval letter
 - Office of Refugee Resettlement (ORR) certification letter
 - CBP admission stamp with parole designation

Resources: Verification & Limits



Resource Limits

SNAP / Medicaid: \$5,000

TANF: \$1,000



Bank Accounts

Amounts **over \$1,000**
require verification



Cash on Hand

Amounts **under \$1,000:**
No documentation
required

Amounts **over \$1,000**
require **signed client**
statement

VERIFYING EARNED (TAXABLE) INCOME

Pay Stub Requirements

Submit **at least 2 pay stubs** dated within **45 days** of application

4 pay stubs recommended to account for variations due to:

- Holiday pay, PTO, absence, or reduced hours

Employment Termination

If job terminated within **60 days** of application filing date:

- Submit **Form H1028 – Employment Verification**
- May be completed by a **supervisor** or **HR representative**

Projected Monthly Income Calculation

Formula:

Average pay stub amount × frequency = Projected monthly gross income

Use the following conversion factors:

- **Weekly** income × **4.33**
- **Biweekly** income × **2.17**

Self-Employment Income (1099 Contractors)

Subcontracted or Gig-Based Work

- Common examples: **Uber, Lyft, DoorDash, Instacart, Handy**
- Income is **paid via check or deposit** and **not subject to FICA** withholding

Verification Required – Form H1049: Declaration of Self-Employment

- Submit the completed **Form H1049**
- Include the following supporting documents:
 - **Check stubs**, deposit records, or weekly payout summaries
 - **Written statement** from the payment platform, if available
 - **Receipts for business-related expenses** (e.g., gas, materials)

Unearned Income: Definitions & Reporting Requirements

Vendor Payments (Exempt)

- Payments made by a **third party directly to a vendor** (e.g., landlord, utility company)
- **Not countable** as income

Gifts or Contributions (Countable)

- Money given **directly to the client**, regardless of the giver's intent or purpose
- Must be **reported as income**
- **Loans** are exempt

Key Distinction

- **Vendor payments** are *excluded*
- **Gifts or contributions** are *counted* as unearned income

Refugee Cash Assistance (RCA) (Countable)

- **RCA must be reported** as unearned income
- Submit **Form H1036 – Refugee Cash Assistance Verification**
- **Do not report** total lump sum
 - Report as **monthly disbursement**

Maximum Monthly Income Limits by Family Size (SNAP)

The following chart
provides a general
guideline for **maximum
gross monthly income**
allowed to qualify for
most benefits programs:

Family Size	Maximum Monthly Income
1	\$2,005
2	\$2,712
3	\$3,419
4	\$4,125
5	\$4,832
+ Each additional person	Add \$707

Allowable Expenses and Deductions

Qualifying Expenses

- **Shelter:** Rent, mortgage
- *Property taxes* and *home insurance* require verification
 - Acceptable proof: **Receipts, billing statements**
- **Utilities:** Water and electricity
- **Phone**

Verification Required for Shelter Expenses Over \$1,500

- Acceptable proof includes:
 - Copy of **lease or rental agreement**
 - **Landlord statement**
 - **Payment ledger** from housing provider

Miscellaneous or Unsupported Expenses

- Deductions are **capped at fixed amounts**
- Unnecessary or unverified expenses may trigger **management discrepancy**
 - Formula:
Income - Expenses = Management (negative management will cause discrepancies)

TANF: First Contact Resolution Checklist

Initial Verifications

- Required at the time of application:
 - **Identification**
 - **Proof of address**
 - **Immigration status**

Required TANF Forms

- **Form H1155 – Domicile Verification**
 - Must be completed by a **non-resident, non-relative**
- **Form H1073 – Personal Responsibility Agreement**
- **Client statement of liquid resources**

Third-Party Statement

- Used to support income/expense declarations
- Best if provided by case manager

TANF APPEAL PROCESS: HOW TO REQUEST A CASE REVIEW

How to File an Appeal

- Call **2-1-1** or visit **local HHSC office**
- Or email: **OESFairHearings@hhsc.state.tx.us**
- **Subject line:** "Request for Review"

Email Must Include:

- Appeal ID
- Case number
- Authorized representative's name & contact info

Cite Relevant Policy When Appealing

- Reference: **Texas Works Handbook, Section A-1220**
- **Example Wording:**
"Requesting case review due to over resource limit reported at initial application, per policy A-1220. Limits: A household is not eligible for benefits if total accessible resources exceed \$1,000."

After Submission

- Appeals officer reviews and issues **updated determination letter**
- If issue is resolved, the **Authorized Representative will request a withdrawal** of the appeal