



WEBB COUNTY INDIGENT HEALTHCARE SERVICES

1620 Santa Ursula Ave.

(956) 523-4747; FAX: (956) 523-4748

E-mail: indigenthealth@webbcountytexas.gov

Program Website: <http://www.webbcountytexas.gov/IndigentHealthCare/>

**Interview Hours: Monday – Thursday
8:00am – 11:00am & 1:00pm – 3:00pm**

REQUIRED DOCUMENTS TO PROCESS PROGRAM APPLICATION

In order to process your application, you must bring in the following applicable documents in order to determine program eligibility.

1) Valid Photo Identification Card for Applicant

- Texas ID Texas DL
- US Passport MX Passport
- Resident Card Consulate Card

*If applicant does not have an ID, list why:

2) Citizenship Documentation

- Birth Certificate
- Social Security Card (if applicable)

*If applicant does not have any, list why:

3) Proof of Residence: Home & Utility Bills

(if applicant lives in another person's home, provide proof of residence under home owner's name)

- Current Rent Receipt or Contract
- Mortgage Payment
- Property Deed or Tax Statement
- Current Utility Bills (provide at least 2):
 - Light, Water or Gas

4) State Benefits Received: Must provide Award/ Denial Letter or appointment Notice)

- Medicare
- Medicaid
- SNAP/ Food Stamps
- TANF Assistance

5) Other Benefits:

- Proof of any Job-Related Life Insurance, Life, Burial or other Health Insurance
- Students: Proof of Grants, Loans & Tuition, Scholarships, School Records

6) Proof of all Household Income (if applicable):

- Provide Last Four Paystubs
- Self-Employed (Provide income tax forms or business records)
- Income Tax Return (including all forms)
- Child Support Benefits
- Any Social Security Benefits
- Veteran's Assistance
- Retirement Benefits
- Worker's Compensation
- Unemployment Benefits
- Proof of Loans, Gifts or Contributions

*If there is no income, list how bills are paid:

7) Unemployment:

- If you are able to work, provide proof of Registration with Texas Workforce Commission.

8) Resources:

- Bank Account(s) Statement (checking, savings or other bank accounts)
- Title of Vehicles under applicant's name
- Real Estate (current tax statement)
- If Divorced, must present Divorce Decree

9) Contact Information:

Please provide a phone number to contact applicant for a phone interview:

DURING THE INTERVIEW, THE CASEWORKER MAY REQUEST ADDITIONAL DOCUMENTS NEEDED TO DETERMINE PROGRAM ELIGIBILITY.



WEBB COUNTY INDIGENT HEALTH CARE SERVICES DEPARTMENT
1620 SANTA URSULA AVE.
LAREDO, TX 78040
(956) 523-4747 • FAX (956) 523-4748

Authorization Form

I, _____, give authorization to the person listed below
(Applicant's Name)
to represent me at any moment that I am not physically able to attend any
appointments. I also authorize this person to answer any questions regarding my
welfare as well as to be given any information regarding my Webb County
Indigent Health Care case.

Authorized Person:	
Relation to Applicant:	
Phone Number:	
Address:	
D.O.B	

Copy of Identification Required

Applicant's Signature: _____

Date: _____