

TEXAS HEALTH AND HUMAN SERVICES
 P O BOX 149029
 AUSTIN, TEXAS 78714-9029



Date:

Case Number:

Need help?

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

If you have a hearing or speech disability,
 call 7-1-1 or any relay service.

All numbers are free to call.

Notice about your case:

SNAP Food Benefits

EDG number: 683314869

Who gets SNAP Food Benefits		
Name	Date	Monthly Amount
		\$ 234.00
		\$ 54.00
<p>Notes:</p> <p>Your SNAP benefits will be available by the 15th of each month. (If this is your first time getting benefits, you may get them early for the first few months.)</p> <p>Able bodied adults aged 18-49 without dependents are limited to three months of benefits in any 36 month period unless the person is working or volunteering an average of 20 hours per week or is otherwise exempt.</p> <p>When we certified your household, we postponed some of the verifications we need to finish your case. Please provide the following information:</p>		
Name	Verification Required	Date
	Pregnancy	
	Vendor Payment Income	

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Case details: 10 

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 Medicaid

Status	Members	Start date	Renewal date	Time to renew	Healthcare.gov
Approved		04-01-20 	03-31-20 	No	
Approved		01-01-20 	03-31-20 	No	
Denied		05-01-20 	08-31-20 	No	03-18-20 
Denied		08-01-20 	07-31-20 	No	03-18-20 
Denied		07-01-20 	06-30-20 	No	03-18-20 

 CHIP

Status	Members	Start date	Renewal date	Time to renew	Healthcare.gov
Denied				No	03-18-20 