**LIBERTY COUNTY HOSPITAL DISTRICT NO. 1
HEALTH CARE ASSISTANCE PROGRAM (HCAP) OFFICE
1353 N. Travis Street Liberty, TX 77575
Phone: 936-336-7400**

**APPLICATION REQUIREMENTS**

The Liberty County Hospital District No. 1 Health Care Assistance Program (HCAP’) Office requires that all blank spaces on the application be completed prior to your scheduled appointment time. Incomplete applications may result in your appointment being rescheduled. Please call the above number to schedule an appointment. Please bring the following information with you when you come in for your appointment.

**PROOF OF IDENTIFICATION for each applicant (bring all that apply).**

* Texas Driver’s License/Texas ID Card with same address as on your application
* Social Security Card
* Proof of citizenship, if applicable

**PROOF OF RESIDENCE**

* Property tax statement - must live within boundaries of Liberty County Hospital District No. 1
* Voter’s registration with same address as on your application
* Current utility bill showing same address as on your application — this must be provided even if you are living with someone and it is in their name. NO PHONE BILLS ACCEPTED.

**PROOF OF INCOME**

* Four (4) most recent paycheck stubs
* If paid in cash, you must bring a statement from your employer verifying your income
* If self-employed, bring current records, self-employment form or current year’s Income Tax Statement
* Current Social Security Award Letter for both spouses and any children receiving it
* Current verification for Workmen’s Comp medical benefits OR denial of benefits
* Current proof of any fixed Income, such as: widow’s benefits, retirement, pension, dividend payment, unemployment, workmen’s comp, child support, etc.
* Documentation of sponsor’s income (if you are an alien with a resident card issued within the last three (3) years)
* Current award/denial letters for Social Security and or SSI, Medicaid, TANF and Food stamps or any other assistance program (bring ALL that apply)

**RESOURCES**

* Bank statements from checking and savings accounts
* Verification of stock, bond, or retirement accounts
* Automobile registration or title for all vehicles in household

**VERIFICATION OF OTHER ASSISTANCE**

* If you are unemployed you must show proof of how you are living such as a statement from the person (s) supporting you, paying your bills or giving you any cash money. This statement may be made in person at the Liberty County Hospital District No. 1 HCAP Office or it must be notarized.