

HHSC – MIDLAND
P.O. BOX 14900
MIDLAND TX 79714-4900



TEXAS
Health and Human
Services Commission

Need help? Call 2-1-1 or 1-877-541-7905

Fax: 1-877-447-2839

Mail: HHSC, PO Box 14XXX,
Midland, TX XXXXX-XXXX

If you are deaf, hard of hearing, or speech
impaired, call 7-1-1 or 1-800-735-2989.

All numbers are free to call.

Date: mm/dd/yyyy

Case number:

Note to <Client Name>:

This form is for your employer. They need to fill out the form and return it by <DATE>. You must agree to let them give facts about you. **Fill out and sign this agreement:**

I, (print your name) _____ allow HHSC to give my Social Security number (SSN) to the employer listed on this form. My SSN can be used to get facts about my employment. I also allow the employer listed on this form to give facts asked on this form to HHSC.

Sign here

Date

Employer -- your help is needed:

We need proof that the following person is or was your employee.

Employee or former employee <Name of client>	Social Security number <SSN of client>
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Some employers might get tax refunds or tax credits for hiring people who get certain state benefits.

To learn more, go to TexasWorkforce.org/wotc or email the Texas Workforce Commission at wotc@twc.state.tx.us.

Employer -- please follow these steps:

This person lives in a home in which someone is applying for state benefits. We need to know the amount of money this person makes or made from this job.

1. Please fill out the "Proof of Employment" form on the next page.
2. If a question doesn't apply, mark it with "N/A."
3. Return the form by <XX/XX/XXXX>.

To send this back to us, you can either: (a) give it to the employee listed above,
(b) mail it in the pre-paid envelope, or (c) fax it to 1-877-447-2839.



