

Interest Lists for Medicaid Waiver Programs

DADS/HHSC 1-877-438-5658

Harris Center 713-970-7070

Applicant's:

Social Security Number _____

Full name _____

Date of birth _____

Receives Medicaid? Y / N

Mailing address _____

Phone number _____

Your name _____

Applicant's diagnosis _____

Are you aware of the length of the wait? Y / N

Remember:

Call annually to see where your child is on the lists.

Call and report your new address if you move.