

# HARRIS HEALTH SYSTEM

## ELIGIBILITY SERVICES DEPARTMENTAL GUIDELINES AND PROCEDURES

Procedures No: 3.01  
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Effective Date: 08/01/2002

**TITLE: VERIFYING HARRIS COUNTY RESIDENCY**

**PURPOSE:** To outline the acceptable documents that can be used to prove residency.

### **GUIDELINES/PROCEDURES STATEMENT:**

All clients who seek financial assistance from the Harris Health System must demonstrate residency within Harris County.

Financial assistance from the Harris Health System Tax Fund is available only to residents of Harris County.

### **ELABORATIONS:**

#### **I. DEFINITIONS:**

- A. **RESIDENT:** A person is a resident if the person's primary home or fixed place of habitation to which the patient intends to return after a temporary absence is located in Harris County, Texas.

#### **II. GENERAL GUIDELINES:**

- A. Clients must be residents of Harris County to receive financial assistance from Harris Health System. There are no durational requirements for residency. The person must simply indicate an intention to remain in the county.
- B. A person's immigration status will be considered in determining residency.
- C. Persons do not lose their residency status because of temporary absences from the county. No time limits are placed on a person's absence from the county; however, the person must still intend to return to Harris County.
- D. Persons who live in a halfway house after release from the Texas Department of Corrections may be considered county residents if:
1. The state pays for room and board but not for health care; and
  2. The person declares intent to remain in the county after release from the halfway house.

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- E. An eligible resident receiving financial assistance must report any change of address to Eligibility Services Administration within fourteen (14) days of the change. Failure to do so may result in the termination of financial assistance until the client provides documentation substantiating that the new address is within Harris County.
- F. The client's residence becomes questionable when the post office returns correspondence or patient statements as undeliverable. In the event returned mail is received, the client's financial assistance classification may be revoked. See Harris Health System Eligibility Services Departmental Guidelines and Procedures 1.42, "Change or Revocation of Financial Assistance Classification" for details.
- G. If the post office informs Harris Health System of client's forwarded address, the forwarded address on the post office notice will be accepted as client's new address proof and will be updated accordingly on the Eligibility software system.
- H. If a client with a good eligibility established informs his/her new address at Registration or Admission service time, the client's verbal address will be accepted as client's new address proof and will be updated accordingly in the system. If the address change gets informed to the Eligibility services, client must provide the new address proof to update in the Eligibility software system.
- I. Not all persons living in Harris County are considered residents. See Harris Health System Eligibility Services Departmental Guidelines and Procedures 3.10, "Ineligible Residents" for details.

### III. VERIFYING RESIDENCY IN HARRIS COUNTY:

- A. Each household applying for financial assistance must provide one proof of residence in Harris County.
- B. Proof must be in the name of the applicant or spouse only. The Harris Health System reserves the right to verify any residency proof provided as part of the application for financial assistance.

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1. Acceptable proofs of residency (must be dated within sixty (60) days of application file date with the exception of those marked with an (\*) asterisk):
  - a. Utility bill (Reliant Energy, telephone, water, gas, cable TV). Service address and billing address must match unless the billing address is a P.O. Box;
  - b. School records for children under age eighteen (18);
  - c. Mortgage coupon;
  - d. Credit card statement;
  - e. Printout from the Internal Revenue Service (IRS) of most current year's tax filing;
  - f. Certification documents or benefit checks from Social Security Administration or Texas Workforce Commission;
  - g. Certification documents from SNAP (Supplemental Nutrition Assistance Program-formerly known as food stamp program), Medicaid, or Medicare;
  - h. Letter from recognized social services agency or Harris Health System Form #283334, "Agency Letter;"
  - i. Business mail addressed to the applicant or spouse if they live together;
  - j. Statement from a licensed child care provider;
  - k. \*Current lease agreement (may be older than sixty (60) days, but older leases require phone verification);
  - l. \* Department of Motor Vehicles record;
  - m. \* Property tax documents (within past twelve (12) months);
  - n. \*Current automobile insurance documents;
  - o. \* Current automobile registration;
  - p. \*Voter's registration card for current year; or
  - q. Check stubs from current employer dated within sixty (60) days with applicant or spouse's name and address.
  
- C. When none of the items listed above are available, residence can be demonstrated by:
  1. Harris Health System Form 283130, "Residence Verification Form" completed by a neighbor, school official, friend, church leader, employer, landlord, child care provider or a person not related by family ties and not

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- living in the same household. This form can only be utilized once. For special circumstances seek management approval; or
2. Post office records received by mail.
- D. Insured clients are not required to provide residency proof, but will be required to pay all amounts not covered by the insurance carrier. If the client wishes to apply for financial assistance for any non-covered items, (s) he must supply the residency proofs as described above.
- E. Clients who prefer to receive mail at a P.O. Box may use the box address as the mailing address, but must still provide residency proof for their physical residence.
- F. Any exceptions to the proof of residency must be authorized by the Eligibility Center Manager *PRIOR* to assigning the financial assistance classification.

### REFERENCES/BIBLIOGRAPHY:

County Indigent Health Care Program Manual, Section 2

Texas Works Handbook, Sections 710 and 760

Harris Health System Eligibility Services Departmental Guidelines and Procedures 1.42, "Change or Revocation of Financial Assistance Classification"

Harris Health System Eligibility Services Departmental Guidelines and Procedures 3.10, "Ineligible Residents"

#### Forms

Harris Health System Form 283117, "Application for Financial Assistance"

Harris Health System Form 283130, "Residence Verification Form"

Harris Health System Form 283334, "Agency Letter"

### OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Eligibility Services Department

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### REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review/ Revision Date (Indicate Reviewed or Revised)	Approved by:
08/01/02	1.0		Adm Dir. Eligibility & Regis Svcs
	2.0	03/04/09	Adm Dir. Eligibility & Regis Svcs
	3.0	12/01/10	Adm Dir. Eligibility & Regis Svcs
	4.0	03/10/11	Adm Dir. Eligibility & Regis Svcs
	5.0	01/02/12	Adm Dir. Eligibility & Regis Svcs
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	7.0	01/07/13	Adm Dir. Eligibility Svcs Dept.
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