



TEXAS
Health and Human
Services

Date

Need help? Call 2-1-1 or 877-541-7905.
Fax: 877-447-2839
Mail: Texas Health and Human Services Commission P O BOX 149027 Austin, Texas 78714-9027
If you are deaf, hard of hearing, or speech impaired, call 7-1-1 or 800-735-2989. All numbers are free to call.

Name and Address

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Case Name	Case No.
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This form is for your employer. They need to fill out the form and return it by _____. 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.

Signature

Date

Employer – Your Help Is Needed

Employee or Former Employee	Social Security No.
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We need proof that the following person is or was your employee.

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:
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 877-447-2839.

