

**NAME** \_\_\_\_\_ **DUE DATE** \_\_\_\_\_

**THE FOLLOWING ITEMS STILL NEED TO BE TURNED IN PRIOR TO AUTHORIZATION OF YOUR PERSON-CENTERED PLAN AND BUDGET:**

- \_\_\_\_\_ **Personal Information Sheet**
- \_\_\_\_\_ **Income Information Worksheet**
- \_\_\_\_\_ **Request & Consent to Participate**
- \_\_\_\_\_ **TXSDC Purchasing Policy & Guidelines**
- \_\_\_\_\_ **HIPAA Notice of Privacy Practices**
- \_\_\_\_\_ **Verification of NorthStar ID/participation**
- \_\_\_\_\_ **Copy of Drivers License/Photo ID**
- \_\_\_\_\_ **Copy of Social Security Card**
- \_\_\_\_\_ **Copy of Medicaid Card**
- \_\_\_\_\_ **Copy of Medicare Card**
- \_\_\_\_\_ **Copy of Social Security Disability Benefit letter**
- \_\_\_\_\_ **Copy of Supplemental Social Security Income letter**
- \_\_\_\_\_ **Proof of active application/appeal for Social Security disability benefits**
- \_\_\_\_\_ **Proof of earned income**
- \_\_\_\_\_ **Letter from most recent treatment agency/doctor with current diagnosis**
- \_\_\_\_\_ **Other** \_\_\_\_\_
- \_\_\_\_\_ **Other** \_\_\_\_\_

I, \_\_\_\_\_, certify that all necessary orientation materials/verification  
(TX SDC ADVISOR)

has been provided and the participant meets the eligibility requirements for TX SDC.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_