



Collaborative Partnership Agreement

Community Action Corporation of South Texas in conjunction with CMS would like to announce our new "Connecting Kids to Coverage" outreach and enrollment grant, also known as Project MCARE. The goal of this collaboration is to increase the rate of insured children and families by providing effective outreach strategies and direct application assistance to ensure healthier citizens and healthier communities throughout South Texas.

CACOST will have individuals providing direct application assistance for CHIP/Medicaid enrollment to Webb County Head Start families. The main goal is to provide outreach, education and direct application assistance to families and enroll all eligible children in the CHIP/Medicaid Program through the Your Texas Benefits online application. Our aim is to assist families with new application procedures and health coverage opportunities. Along with Navigators and Enrollment Assistants, a trained clerk will be available to answer any questions families may have about the application process through a toll-free number.

I would like to extend a Partnership Agreement to you as part of our efforts in reducing the number of uninsured children in our region. The purpose of this Partnership Agreement is to ask for your collaboration and participation in referring uninsured children and their families to Community Action Corporation of South Texas—Project MCARE.

Our goal and highest priority in this project is to have all children insured and receiving health coverage. We know that in our communities, this can only be accomplished by building strong partnerships that include local education agencies, school health advisory councils, community leaders and citizens to make it work.

This Partnership Agreement is made between Community Action Corporation of South Texas and _____ this _____ day of _____ 2014. By signing this agreement I understand that I am joining in an effort to insure all uninsured children in our community and will refer to CACOST as needed.

Partner Signature

Date

Rafaela Sanchez, Program Manager
Community Action Corporation of South Texas

Date

ATTEST:

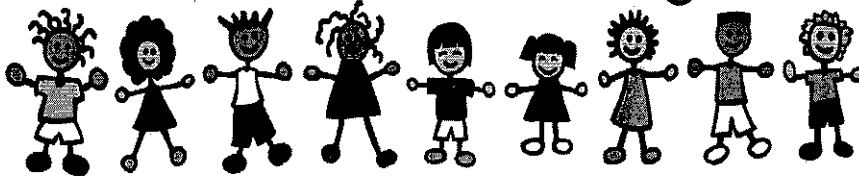
Margie Ramirez Ibarra
Webb County Clerk

APPROVED AS TO FORM:

Marco A. Montemayor
Webb County Attorney

***By law, the county attorney's office may only advise or approve contracts or legal documents on behalf of its clients. It may not advise or approve a contract or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval, and should seek review and approval of their own respective attorney(s).**

CONNECTING KIDS TO COVERAGE



**APPLY FOR AFFORDABLE OR NO-COST
HEALTH, DENTAL, VISION INSURANCE
AT NO CHARGE**

Income Guidelines for CHIP/Children's Medicaid

- 1 Find your family size on the left side of this chart. Follow that row to the right.
- 2 Is your family's income less than the monthly or yearly income shown in the orange Medicaid section? If so, your children might get Medicaid.
- 3 If your income is higher, follow the row to the green CHIP section. Your children might get CHIP if your income is less than the monthly or yearly income shown in the green section. Children of families that earn higher incomes may also qualify in some cases.

Find your family size here	May Qualify For CHIP			
	Monthly Family Income	Yearly Family Income	Monthly Family Income	Yearly Family Income
1	\$1,343	\$16,113	\$2,004	\$24,053
2	\$1,809	\$21,710	\$2,701	\$32,408
3	\$2,277	\$27,324	\$3,399	\$40,788
4	\$2,743	\$32,921	\$4,095	\$49,143
5	\$3,210	\$38,519	\$4,792	\$57,499
6	\$3,678	\$44,132	\$5,490	\$65,879
7	\$4,144	\$49,730	\$6,186	\$74,234
8	\$4,611	\$55,327	\$6,882	\$82,590

*Income is money you get paid before taxes are taken out.

**A family of one might be a child who does not live with a parent or other relative.

Children must be 18 years or younger, a U.S. Citizen or Legal Permanent Resident.
Parents do not have to be U.S. Citizens.

For more information call toll free or visit the location nearest you

1-855-727-3647



CHIP and MEDICAID on-site and telephone application assistance LOCATIONS

ALICE

VALERIE ALANIZ
LATICIA GARCIA
204 E. 1ST STREET
ALICE, TEXAS 78332
PH: 361-664-0145 EXT.305/272
FAX: 361-396-0275
JIM WELLS, DUVAL AND
JIM HOGG

SINTON

SAMANTHA BRADLEY
1133 EAST SINTON ST.
SINTON, TEXAS 78387
PH: 361-364-0505 EXT.106
FAX: 361-364-0506
SAN PATRICIO, BEE,
ARANSAS

LAREDO

ANGELA MARTINEZ
RICARDO PINEDA
5717 SPRINGFIELD AVE.
SUITE 2
LAREDO, TEXAS 78041
PH: 956-726-1066
FAX: 956-726-1168
WEBB

FALFURRIAS

AMARYLLIS MALDONADO
120 EAST RICE STREET
FALFURRIAS, TX 78355
PH: 361-325-9737 Ext. 302
FAX: 361-325-3631
BROOKS, KLEBERG, KENEDY

CORPUS CHRISTI

TAREN MARTIN
KIMBERLY
DUSSETSCHLEGER
4760 OLD BROWNSVILLE RD.
CORPUS CHRISTI, TEXAS
78405
PH: 361-888-9447
FAX: 361-881-1337
NUECES