

DEPARTMENT
OF PUBLIC WELFARE

by their name.

MEDICAL CARE IDENTIFICATION
CARD

Present this card whenever you are receiving medical care from a Doctor or Hospital.

STATE OF TEXAS

Coverage: Person(s) listed on the opposite side of this card are covered by the Department's Medical Assistance Program with the exception of those with an asterisk (*)

Right to Appeal: Any individual who feels that he has not received a fair decision on his case may file an appeal on forms available at the local office of the State Department of Public Welfare.

Due to increasing numbers of persons ruled eligible to receive Aid to Families with Dependent Children. the funds available are inadequate to continue AFDC payments at the present level. You are hereby notified that the maximum grants in the AFDC program will be lowered to the

following amounts effective Septembe	r 1, 1968:	
No. of Children Certified	Without Caretaker	With Caretaker
1	\$ 34.00	\$ 60 . 00
2	55.00	81.00
3	76.00	102.00
4	97.00	123.00

118.00 123,00 5 or more

If you are now receiving a grant more than the amount shown above for the number of certified children in your family, your AFDC payment will be lowered to the amount shown

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above, beginning with the check you receive around September 1.