



Texas Driver Responsibility Program Information

<https://www.txsurchargeonline.com/AmnestyMain.aspx>

Program Highlights:

- Amnesty period will run from January 17, 2011 – April 17, 2011.
- Applications will be accepted through April 7, 2011.
- Amnesty will not apply to any surcharges assessed *after* January 15, 2011.
- Amnesty is applicable to anyone who has unpaid surcharges assessed between September 30, 2004 and December 31, 2008.
- The applicant must have at least one surcharge assessed during this time period that is currently in default (NOTE: if the client has surcharges assessed after 12/31/2008 they will be subject to amnesty as long as the applicant has at *least one surcharge* during the applicable period).
- The application is available only online or by phone.
- No applications will be accepted by mail, email or fax and none of the applications will be processed by the DPS.
- Surcharges will be reduced to 10% of the original amount owed for all of the surcharges combined up to a \$250.00 maximum.

Instructions for Case Managers:

1. Case Manager and Client go to <https://www.txsurchargeonline.com/AmnestyOptin.aspx> or call **877-207-3170** to establish client's eligibility.

**NOTE: if a client cannot be found by using the website, it doesn't necessarily mean that he or she is ineligible.*

*Many times homeless clients don't know what zip code was used on their driver's license. If all of the information doesn't match, the system won't be able to locate the record. In that case, they need to call to update the address **877-207-3170**.*

2. TX DPS will **mail the notice to the address they have on file**. So if the client has moved, they need to call to update the address.

Texas DPS Driver Responsibility Amnesty Program

To check your eligibility for the Amnesty Program, please enter the required information. If you are eligible for the program, completing this form will automatically confirm your participation.

Note: If you have surcharge accounts under multiple Driver License or IDs, you must check each one separately.

Texas Driver License or I.D. Card number (or Department of Public Safety Assigned Number)*:

Date of Birth (MM/DD/YYYY)*:

Last Name Only (Exactly as listed on your current driver license, I.D card or surcharge notice letter)*:

Zip Code (5 Digit)*:

Note: Fields marked with * are required

If you have any questions about the Amnesty Program, please call 1 (877) 207-3170. For other questions about your current surcharges, please call 1 (800) 688-6882 or email at dpsinquiry@gilacorp.com.

3. When the TX DPS Surcharge Notice is received in the mail, submit a copy of the notice, which will include the amount owed AND the TCHC TEXAS DPS AMNESTY PROGRAM PAYMENT REQUEST FORM (attached) via email (PDF documents only) to: tchc@ahomewithhope.org
4. TCHC will review reimbursement request and the HMIS record.
5. TCHC will process payment to MSB on the first and third Monday of the month through the program period.



Direct Client Services Fund

TEXAS DPS AMNESTY PROGRAM PAYMENT REQUEST FORM

Date: _____ Directions Home or Shelter Program Name: _____

Client Name: _____ HMIS Client ID #: _____

Client Address / Agency of Residence: _____

Surcharge Reference Number: _____ Total Charges: _____

***Attach a copy of the TX DPS Surcharge Notice. CLIENT NAME must MATCH THE TX DPS Record.*

DOCUMENTATION OF ELIGIBILITY AND NEED:

Detail the programs, training and other efforts that the client has completed or participated in to demonstrate their work toward self sufficiency:

Detail why there are no other financial resources available to the client to remove this barrier:

By our signatures, we affirm that this client is enrolled in our agency program, and is actively engaged in program services and case management with our agency. We further affirm that the client and the agency have no other resources to pay for the dental services needed.

Case Manager Sign: (X) _____

Print Case Manager Name: _____

Case Manager Email: _____

Case Manager Telephone: _____

Agency Approval Sign: (X) _____

Print Name and Title: _____

SUBMIT A COPY OF THIS COMPLETED FORM IN PDF FORMAT VIA EMAIL TO:
tchc@AHomeWithHope.org
817-509-3635