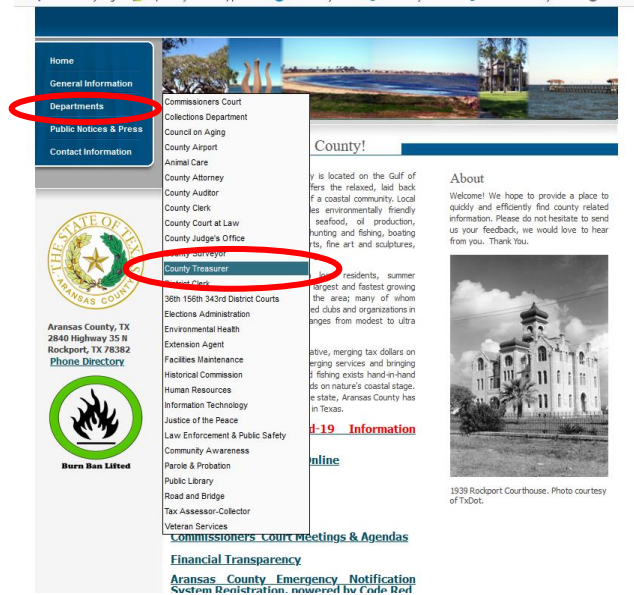


ONLINE PORTAL INSTRUCTIONS

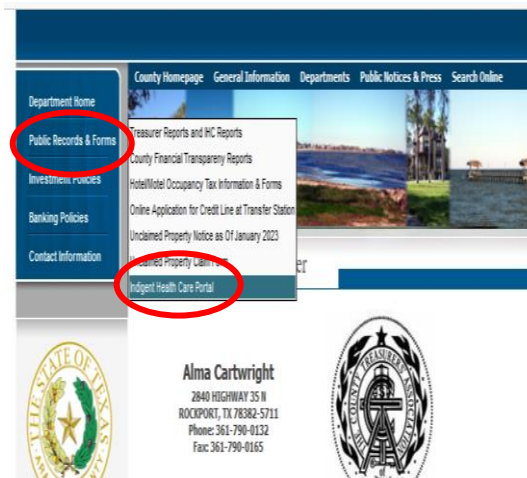
Two ways to get there...

❖ Go to <https://www.aransascountytx.gov>

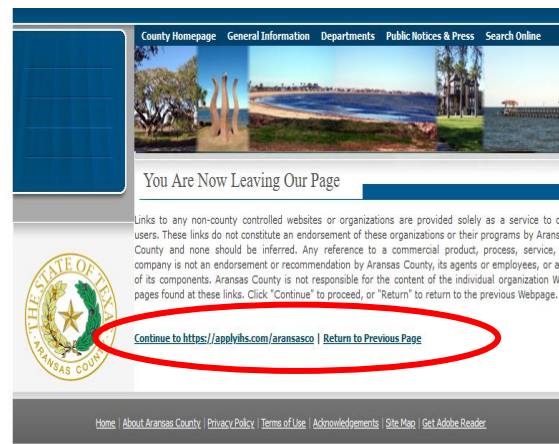
❖ Put your cursor over Departments and then Click on County Treasurer



On the County Treasurer page, put cursor on Public Records & Forms and then Click on Indigent Health Care Portal



❖ On this next page, Click on the Link to the Application Portal [Continue to https://applyihs.com/aransasco](https://applyihs.com/aransasco)



IHC Portal Instructions

Faster way to get there....

1. Go straight to <https://applyihs.com/aransasco>
2. Click [Sign Up](#) to create your login.

3. A Validation Code will be sent to your email.
Check your email
Enter the Validation Code
Click [Verify](#).

NOTE: A different Validation Code will be sent to your email each time you login.
**You can save and come back later to finish the application.

4. Read Disclaimer.
Then click [Agree and Start](#)



Indigent Health Care Application Portal

Login

[Forgot password?](#)

Login

Don't have an account? [Sign Up](#)



is

IHS



Validation Code

Please check your email for the Validation Code

Verify

[Return To Login](#)

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IHS

Save and Exit

Instructions

Disclaimer

If access to this application for indigent health care services is being done on a public network or over public WiFi, it is being done at the user's own risk. The Indigent Health Care Department / County / Hospital or Software providers are not responsible for equipment malfunction, damage, loss of data, transmission of data (secure or otherwise), data saved on a computer or personal computers, laptops, or other devices such as PDAs, cell phones, tablets etc.

All Users (authorized or unauthorized) are advised that they should have no expectation whatsoever of privacy in any materials they place or view on this service. By continuing to use this service, a user acknowledges that they give their unrestricted consent to the monitoring, copying, and unrestricted distribution of any transmission/communication or image generated, received by, sent by, or stored. Unauthorized or improper use of this service may result in civil charges/criminal penalties. - **LOG OFF OR DISCONNECT IMMEDIATELY** if you do not agree to the conditions stated in this warning

The County Indigent Health Care Program (CIHCP) helps people pay for needed health care. Whether you can get this help depends on your income, what you own, where you live, other help you receive or could receive and other items.

[Agree and Start](#)

IHC Portal Instructions

5. 1. Enter Household Information

Everyone that lives in the same House as you. This is very important!

6. Read through each question throughout the application, check the appropriate boxes, fill out all the information you can. Even things that do not seem relevant to you, like living with a disabled parent or sibling, is extremely important. After you have answered each question to the best of your knowledge, click **Next**.

7. 17. Supporting Documents—Upload Photo I.D., Medicaid Denial, Proof of Residency, etc.

You **MUST** upload at least one picture or the Application will not proceed to the next step. If more pictures are required, you will need to upload the necessary documents.

Note: The Website is Secure. We are the only ones who will see this information. Your Privacy is Very Important to us.

****If you are unable to upload pictures of the necessary documents, please call us at 361-790-0132.**

8. 18. Sign & Submit---

*Click on the box that you consent to sign and agree to the terms of the application with your electronic signature.

*Enter your first and last name.

*Click **Submit**.

YOU ARE DONE!

NOTE: Your application will process and download overnight.