

Department of Health and Social Services
Division of Public Assistance

Statement Regarding Principal Place of Residence

_____ is absent from his or her home
(Client Name)

located at _____
(Street Address City State)

because of: Placement in a long term care facility

Other Reason. Please explain _____

1. Do you intend to return home? Yes No

2. Does anyone else live in your home? Yes No

3. If anyone else lives in your home, please list their name(s) and relationship to you.

4. Do you receive any income from this property? Yes No

If yes, how much income each month? To whom is the money paid?

Signature of client or authorized representative

Date