



**RESOURCE ASSESSMENT REQUEST
FOR INSTITUTIONALIZED INDIVIDUAL AND SPOUSE**

The Division of Public Assistance will provide an assessment of the value of the combined countable resources owned by you and your spouse upon request. You may request an assessment by completing the second page of this form. This assessment will provide you with a total value of your resources that would be considered in determining Medicaid eligibility for long-term care, if/when a Medicaid application is submitted to our office.

Please Note: *You do not need to apply for Medicaid assistance to receive this assessment.*

INSTRUCTIONS FOR COMPLETION:

You must complete the second page of this form listing all resources (assets) owned jointly or separately as of the date the institutionalization began. Next to each item, list the value and the amount of any lien on the item. Check the appropriate box to indicate ownership – myself, spouse, or jointly owned.

Only one signature is required, but both of you may sign. We do need the printed name and mailing address of both you and your spouse so the completed assessment can be sent to each of you.

Name of Institutionalized Individual: _____

Date of Birth and SSN of Institutionalized Individual: _____

Mailing Address: _____

Name of Spouse: _____

Mailing Address: _____

Institution or Nursing Home: _____

Date Admitted: _____

I/We, the undersigned, request the Division of Public Assistance to provide an assessment of how our countable resources (assets) will be valued by the agency in the event we apply for Institutionalized Medicaid coverage. I/We understand that this information will be retained by the Division of Public Assistance for no less than one year.

Signature of Institutionalized Individual

Date

Signature of Spouse or Authorized Representative

Date

Resource Item (list each separately)	Value	Amount of Lien	Owned By Myself	Owned By Spouse	Owned By Jointly	If jointly owned: List names of owners and your percentage of ownership.
Bank Accounts						
Bank Accounts Continued						
Bank Accounts Continued						
Annuities or Trust Accounts						
Certificates of Deposit						
Cash						
Vehicles						
Home						
Non-Home Real Property						
Accounts or Notes Receivable						
Life Insurance (face and cash values)						
Fishing Permits & Date Last Fished						
Other						

This screening tool does not constitute an application for Medicaid and is being used in accordance with State of Alaska regulations at 7 AAC 100.504. Any determination based this assessment is not subject to appeal nor should it be considered to be a favorable determination for Medicaid benefits. To apply for Medicaid benefits please contact your local Division of Public Assistance office, or visit our website at: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>.