DEPARTMENT OF HEALTH AND SOCIAL SERVICES DIVISION OF PUBLIC ASSISTANCE

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 your request. You may request an assessment by completing the back side 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 get this assessment.

INSTRUCTIONS FOR COMPLETION:

You must complete the back side of this form listing all resources (assets) owned either 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 – husband, wife, or jointly owned.

Please provide verification (proof) of the value of each item listed whenever possible. Verification may include current bank statements, property tax assessments and life insurance documents. If you are unable to provide verification of any item, our office may be able to help you obtain it. For some items, verification of the value will not be required before assessment can be completed. You will be notified if any further verification is needed.

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.

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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.

Name of Institu	tionalized	Individual	:				
Institution/Nur	sing Home	:					
Date Admitted:							
The following i			,), their in	dividual value and	
Resource Item	Value	Amount of Lien		wned E	J .	If jointly owned: List names of owner and your percentage of ownership	s

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

NOTE: Please provide name and address of both spouses.

Husband's Signature	Date	Wife's Signature	Date
Printed Name		Printed Name	
Mailing Address		Mailing Address	