

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC ASSISTANCE

RESOURCE ASSESSMENT
FOR INSTITUTIONALIZED INDIVIDUAL AND SPOUSE

NAME: _____

ADDRESS: _____

Your resource assessment is complete. This assessment is valid to the extent that all Resources owned by you and/or your spouse were listed on the Assessment Request form and the equity values were correct.

Countable Resources:	Husband:	\$ _____
	Wife:	\$ _____
	Jointly Owned:	\$ _____
	Total:	\$ _____

The resource value in excess of \$_____ (Alaska's Community Spouse Resource Standard) is considered as countable resources in determining Medicaid eligibility for the spouse who is in the institution.

The assessment of your resources was not completed because: _____

We cannot complete an assessment of your resources without further information. Please provide the following by _____.

Once this information is provided the assessment of your resources will be completed. Failure to provide this information will result in our office being unable to complete the assessment.

If you disagree with the determination of this assessment, and you have filed a Medicaid application with the Division of Public Assistance or are currently a Medicaid recipient, you have a right to request a fair hearing.

Eligibility Technician

Date

Distribution: Original in DPA Casefile
Copies Made and Sent to Each Spouse