



APPLICATION FOR DETERMINATION OF SPOUSAL ASSETS

This form is for use by individuals requesting an assessment of spousal assets when one spouse starts a continuous period of institutionalization of 30 or more days in a medical institution, long term care facility, or begins receiving home and community based services. This spouse is called the institutionalized spouse. The information will be used for the determination of eligibility when an application is made for Medicaid on behalf of the institutionalized spouse.

When completing this form, please tell us about the assets you and your spouse owned as of the date you or your spouse became institutionalized. When you have completed this form, please return it in the enclosed self-addressed envelope to: _____

_____.

If you have any questions about this form or the assessment process, please contact this person: _____

Telephone: _____.

Answer the following questions honestly and completely. Failure to give truthful and complete information may result in the denial of assistance and criminal prosecution. PLEASE PRINT ALL ANSWERS.

Is the institutionalized spouse in need of assistance now? Yes No

INSTITUTIONALIZED SPOUSE INFORMATION					
Name (Last, First, Middle)				Maiden Name	Telephone Number
Sex	Date of Birth	Age	Place of Birth	Social Security #	Social Security Claim #
Where does he or she live? (Number, Street, Apt. Number, Floor Number)					
City			State		Zip Code
When did he or she become institutionalized?					

-FOR WORKER'S USE ONLY-	
WORKER ID	_____
CASE #	_____
DATE RECEIVED	_____

COMMUNITY SPOUSE INFORMATION

Name (Last, First, Middle)				Maiden Name	Telephone Number
Sex	Date of Birth	Age	Place of Birth	Social Security #	Social Security Claim #
Where does he or she live? (Number, Street, Apt. Number, Floor Number)					
City			State	Zip Code	

ASSETS - Tell about all the assets owned by both spouses at the time the institutionalized spouse became institutionalized, whether the assets are owned solely or jointly by you and your spouse, or are owned jointly with another individual(s). Also, tell us about anyone who has/had any asset at the time of institutionalization of the institutionalized spouse, with either spouses name on it, even if the asset does not belong to either spouse. Answer each section. Complete any section where you have answered yes.

1) **CASH ON HAND** Yes No Amount \$ _____

2) **BANK/CREDIT UNION ACCOUNTS** Yes No List savings, checking, C.D., I.R.A., vacation, Christmas club or any type of account. Include joint and trustee accounts listed under your or your spouse's name even if the money is not yours or your spouse's. Also, include accounts held in trust for you and your spouse.

Bank/Credit Union name and address		
Account Name(s)	Account Number	Balance \$

-FOR WORKER'S USE ONLY-

2) BANK/CREDIT UNION ACCOUNTS (continued)

Bank/Credit Union Name and Address		
Account Name(s)	Account Number	Balance \$

Bank/Credit Union Name and Address		
Account Name(s)	Account Number	Balance \$

Bank/Credit Union Name and Address		
Account Name(s)	Account Number	Balance \$

Bank/Credit Union Name and Address		
Account Name(s)	Account Number	Balance \$

Bank/Credit Union Name and Address		
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2) BANK/CREDIT UNION ACCOUNTS (continued)

Bank/Credit Union Name and Address		
Account Name(s)	Account Number	Balance \$

Bank/Credit Union Name and Address		
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Bank/Credit Union Name and Address		
Account Name(s)	Account Number	Balance \$

Bank/Credit Union Name and Address		
Account Name(s)	Account Number	Balance \$

Bank/Credit Union Name and Address		
Account Name(s)	Account Number	Balance \$

-FOR WORKER'S USE ONLY-

5) **BONDS/U.S. SAVINGS BONDS** Yes No

Owner(s)	Type	Serial No.	Purchase Date	Denomination

6) **BURIAL FUNDS/PREPAID FUNERAL ARRANGEMENTS** Yes No

Company Name and Address		
Fund Name(s)	Account Number	Amount \$

Company Name and Address		
Fund Name(s)	Account Number	Amount \$

-FOR WORKER'S USE ONLY-

7) LIFE INSURANCE/DEATH BENEFITS Yes No

Company Name and Address		
Policy Name	Policy Number	Face Value

Company Name and Address		
Policy Name	Policy Number	Face Value

Company Name and Address		
Policy Name	Policy Number	Face Value

Company Name and Address		
Policy Name	Policy Number	Face Value

Company Name and address		
Policy Name	Policy Number	Face Value

-FOR WORKER'S USE ONLY-

- 8) MOTOR VEHICLES** - Do you or your spouse own, have registered or have listed in your or their name a car, truck, boat, camper, recreational vehicle, trailer, motorcycle or any other vehicle?
 Yes No If yes, complete the following section.

Owner(s)	Year	Make	Model

- 9) REAL ESTATE** - Do you or your spouse own any real estate (including your own home and out-of-state property)? Yes No

Owner(s)
Location (Street, Town, State)
Property Description

Owner(s)
Location (Street, Town, State)
Property Description

-FOR WORKER'S USE ONLY-

10) Do you or your spouse have life-use of any real estate? Yes No

11) Do you or your spouse have any assets not listed above (example, contents of a safe deposit box, mortgage payable to you, etc.)? Yes No

If yes, identify asset and value.

-FOR WORKER'S USE ONLY-

This application will be considered without regard to Race, Color, Sex, Age, Physical or Mental Disability, Religious Creed, National Origin, Sexual Orientation, Ancestry, Language Barriers or Political Beliefs.

OPTIONAL - What is your racial/ethnic origin? Although you are not required to provide this information, your cooperation will help determine compliance with the Federal Civil Rights Law. If you decline to give this information, it will in no way affect consideration of your application. We are authorized to ask for this information under Title VI of the Civil Rights Act of 1964.

Institutionalized spouse - I am:

- White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native

Community Spouse - I am:

- White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native

READ CAREFULLY AND SIGN

- I have read this form or have had it read to me in a language that I understand. I certify that the information given on this form is true and complete to the best of my knowledge. If I have knowingly given incorrect information, I may be subject to penalties for false statement as specified in the Connecticut General Statutes Section 53a-157b and 17b-97 and to penalties for larceny as specified in Section 53a-122 and 53a-123. I also may be subject to penalties for perjury under Federal Law.
- I understand that I may request a hearing in writing at the time of application for assistance if I disagree with the determination of the assessment of the assets.
- I understand that all information given on this form is subject to verification by federal, state, and local officials.
- I further authorize the Department of Social Services to verify any information given on this form.
- I understand that all information given on this form is confidential and will only be used to administer the program.
- I understand that the Social Security numbers of my spouse and I will be used to verify identity and eligibility. Social Security numbers also will be cross-matched against federal, state, and local government files by computers.
- I understand that information available to the State through the Income and Eligibility Verification System (IEVS) will be requested and used to process my request for assistance. This information will come from the Labor Department, the Social Security Administration and the Internal Revenue Service as well as other agencies. Information received may be verified directly with other sources such as banks and employers. Results from such verification may affect the eligibility and level of benefits of the institutionalized spouse.

X
 Institutionalized Spouse Signature _____ Date _____

 Witness Signature (if signed with an X) _____ Date _____

X
 Community Spouse Signature _____ Date _____

 Witness Signature (if signed with an X) _____ Date _____

 Interpreter's Signature _____ Date _____

If someone helped the applicant complete this form, this person must also sign.

 Helper's Signature _____ Date _____

If someone completed this form on the applicant's behalf, this representative must also sign.

 Representative's Signature _____ Date _____

 Worker's Signature _____ Date _____