



Attribution of Resources Appeal Summary

Appeal Number	Worker No.	County No.
Name of Spouse in Facility or Waiver		Birthdate
Name of Spouse at Home	Age on Date of Appeal	Birthdate
Date of Application for Attribution	Date of Application for Assistance	Date Appeal was Filed

Date institutionalized spouse entered medical institution (includes hospital, nursing facility care, etc.), or date IFMC approves waiver:

Date the waiver applicant met level of care criteria in a medical institution as established by the peer review organization:

Total of current combined resources (if different from attribution amount): \$

A. Minimum monthly maintenance needs allowance as of the date of the appeal.

A	\$
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B. Community spouse gross income not derived from countable resources:

Social Security (gross)

Employment (gross wages)

Private Pension

IPERS

Other Income (specify):

C. Available income from institutionalized spouse to community spouse if entered a facility or waiver on or after February 8, 2006.

Should be zero if entered before February 8, 2006.

B	
C	
D	
E	

D. **Total monthly income (B + C)**

E. **Shortfall of income (A – D)**

At least one quote must be obtained from an insurance company for single-premium immediate lifetime annuities that will provide the community spouse a monthly payment equal to the shortfall of income from the minimum monthly maintenance needs allowance as of the date of the appeal. The bids shall be for life annuities with no remainder or term-certain payments.

An annuity does not need to be purchased by the applicant or the community spouse. The annuity estimate is used to determine the amount of resources needed to provide the community spouse with an adequate monthly income.

Attachments:

1. Application for attribution and application for assistance (if applicable).
2. Copy of the annuity bid.
3. Information regarding any questionable resources (if applicable).
4. Other evidence the parties wish to submit (if applicable).

