

Attribution of Resources Appeal Summary

Appeal Number		Worker No.	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 Appli	cation for Assistance Date Appeal was Filed				
Date institutionalized spouse entere etc.), or date IFMC approves waive		itution (includes	hospital,	nursi	ng facility care,	
Date the waiver applicant met level peer review organization:	of care criteria	a in a medical ins	titution a	s est	ablished by the	
Total of current combined resources (if different from attribution amount):				\$		
Minimum monthly maintenance needs allowance as of the date of the appeal.				Α	\$	
B. Community spouse gross income no	ot derived fr <u>om</u>	countable resou	ırces:			
Social Security (gross)						
Employment (gross wages)						
Private Pension						
IPERS						
Other Income (specify):						
				В		
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.				С		
D. Total monthly income (B + C)				D		
F. Shortfall of income $(A - D)$				E		

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.

E. Shortfall of income (A – D)

- 3. Information regarding any questionable resources (if applicable).
- Other evidence the parties wish to submit (if applicable).

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