

**Complete this section if you or someone in the household is aged (65 and older), blind, or disabled.**

Name of Person Requesting Services	Marital Status	Date of Birth	Social Security Number

Please indicate if you or someone in the household is in need of any of the following coverage:

- Help paying your facility costs (nursing facility, PMIC, skilled facility)
- Services to remain in your home (includes assisted living)
  - AIDS/HIV waiver – No age limit and diagnosis of AIDS or infected with HIV
  - Brain Injury waiver – At least 1 month old and diagnosis of brain injury
  - Children’s Mental Health waiver - Under age 18 and diagnosis of serious emotional disturbance
  - Elderly waiver – Age 65 or older and in need of nursing or skilled level of care
  - Health and Disability waiver – Under 65 and determined disabled
  - Intellectual Disability waiver – No age limit and diagnosis of an intellectual disability
  - Physical Disability waiver – Between 18 and 64 with a Physical disability
  - Program for All-Inclusive Care for the Elderly (PACE) – Age 55 or older, live in a PACE county and meet Level of Care
- Assistance paying Medicare premiums
- State Supplementary Assistance (residential care facility, in-home health-related care, dependent person)
- Help paying for a hospital stay of 30 days or more.
- Other

**PLEASE PROVIDE VERIFICATION OF ALL ITEMS YOU MARK BELOW (copies, not originals).**

**If you have more information to report, please use an additional sheet of paper.**

- I. **Income** – Tell us about any additional sources of income for each individual in your household, such as child support, veteran’s payments, Black Lung, Railroad, Supplemental Security Income (SSI), worker’s compensation, interest, alimony, and dividends, etc.

Name of Person with Income	Income Type	Amount	How often received?

2. **Resources** – Tell us about all resources for each individual in your household, including cash on-hand, checking and savings accounts, social security debit card, stocks, bonds, mutual funds, annuities, safe deposit box, 401ks, IRAs, CDs, etc.

Name of Owner of Resource	Resource Type	Name/Location of Financial Institution	Account	Current Value

3. **Motor Vehicles** – Tell us about all the vehicles owned for each individual in your household, even if the vehicle is not in working condition.

Owner	Year/Make/Model	Fair Market Value	Amount Owed

4. **Unmet Medical Expenses** – Tell us about all medical expenses for each individual in your household not being reimbursed by a third party.

Name of Person with Unmet Medical Expenses	Type of Medical Expense	Amount	How often incurred?

5. **Burial/Funeral** – Tell us about all burial plots, burial or funeral funds, or burial contracts for each individual in your household.

Type	Location	How Many/ For Whom	Current Value

6. **Life Insurance** – Tell us about all life insurance policies owned by each individual in your household.

Policy Owner	Company Name and Address	Policy #

Do you intend to use your life insurance for burial expenses?     Yes     No

7. **Property** – Tell us about all property for each individual in your household including homestead (the home you live in) and non-homestead (other property such as vacation home, rental home, vacant lots, buildings, etc.).

Property Owner	Property Address	Property Value

8. Do you or anyone in your household have a life estate?     Yes     No

If yes, who: \_\_\_\_\_

9. Do you or anyone in your household have a trust?     Yes     No

If yes, who: \_\_\_\_\_

10. Have you or anyone in your household not accepted an inheritance in the past five years?     Yes     No

If yes, who: \_\_\_\_\_

11. Have you or anyone in your household transferred, sold or given away resources for less than their value in the past five years?     Yes     No

If yes, who/what: \_\_\_\_\_

Date this occurred: \_\_\_\_\_

12. Does anyone applying for benefits live in a medical institution (nursing facility, hospital, PMIC, etc.)?     Yes     No

If yes, who: \_\_\_\_\_ Date of entry: \_\_\_\_\_

Name of facility: \_\_\_\_\_ Phone: \_\_\_\_\_

13. Do you or anyone in your household receive Long-Term Care insurance?     Yes     No

Name of company: \_\_\_\_\_

14. If you are currently living in a medical institution and own your home, do you intend to return home?     Yes     No

15. Does anyone who is applying have a pending application for Social Security Disability?     Yes     No

If yes, who: \_\_\_\_\_

**To speed up the processing of your application**, you may provide verification of the following with your application. If verification is not submitted with the application, you may receive a letter indicating what we need before we can process your application.

For anyone who is applying and is not a U.S. citizen:

- **Immigration status**

Proof can be an alien identification card (green card, I-551, I-94), visa, passport, or documents from Immigration Services

Send verification for those individuals who are:

- **Working**

Pay stubs from the last 30 days or a written statement of earnings from your employer if you do not have pay stubs.

- **Self-employed**

Most recent income tax returns and all related schedules or business records if taxes are not filed.

- **Getting other income**

(This includes child support, veteran's payments, Black Lung, Railroad, worker's compensation, interest and dividends, cash received from friends or relatives, pension, etc.) A statement from the person or company that issues the income, copy of checks (showing gross income amount), award letter, tax forms, court order, or other documents from the last 30 days or most current received.

Send verification for anyone who is 19 or older for the last 90 days from the date you are completing the application:

- **Bank accounts**

Recent bank statements or written statement from bank showing current balance or value of accounts.

- **Property**

Property tax statement. Include documents showing amount owed against the property.

- **Burial/funeral contracts**

Burial contract and statement of goods and services from the company or funeral home that holds the contract.

- **Other resources**

Includes stocks, bonds, mutual funds, annuities, safe deposit box, 401ks, IRAs, CDs, vehicles, etc.

- **Life insurance policies**

Face and cash value, bonds, annuities, trusts, stock ownership statements, or other documents showing value of asset. Include documents showing current loan balance owed against the asset.

- **Unmet medical expenses**

Billing statements, pharmacy statements, medical transportation.

***Send copies of proofs. Do not send original documents.***