



Case Number:

State ID:

Asset Verification System (AVS) Payment Worksheet

Date	Worker Name	Worker County/Number
Worker Phone Number and Extension		Worker Email
Client First Name	Client Last Name	Date of Birth
Client Address		County of Residence
		Client Phone

Did AVS report asset sources the Department was not aware of causing the result in a Transfer of Assets penalty period? Yes (Section B) No

Did AVS report asset sources the Department was not aware of causing the member to be ineligible? Yes (Section A) No (Stop)

Section A

Select coverage group:

Select individual or couple: Individual Couple

Allowed resource limit:

Total amount of countable resources:

Amount over limit:

Payment calculation:

Amount Over Limit	/	Average Monthly Cost	=	Months Ineligible
Months Ineligible	×	15% State Share Based Upon the Coverage Group	=	Payment to Accuity

Section B

Payment calculation:

Select coverage group:

Months Ineligible	×	15% State Share Based Upon the Coverage Group	=	Payment to Accuity
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Submit to ECF