

RESOURCE ASSESSMENT AND ALLOWANCE DETERMINATION FORM

٩pp	olicant/Recipient's Name:			_
Spo	ouse's Name :			_
Cas	se Number :			_
am es	ount of the community spouse res ources to be considered as availab	he total amount of resources owner ource allowance. It is also to be used to the spouse in long term care	ed to determine the amoun for eligibility purposes.	t of
	CTION I - RESOURCES OWNE NG-TERM CARE	D AS OF THE MONTH AND YE	AR THE CLIENT ENTER	<u>ED</u>
_ist hat	all countable resources the coupl t are exempt. In the column labele e that care began. (Attach addition	•	p-term care. Do not list items ue of the resource as of the	— }
4. [property except the home if occupion		
F	Legal Description –commonly Known Address	Names of Owners	Equity Value	
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B. LIQUID ASSETS - List all business or personal accounts including checking, savings, credit union, IRA, KEOGH, retirement or other accounts, and certificates of deposit, stocks, bonds, and any other liquid assets.

Type of asset	Financial Institution	Account or Certificate Number	Name of Owners	Equity Value

C. MOTOR VEHICLES - List all vehicles such as cars, trucks, motorcycles, campers, boats, or recreational vehicles. Do not list the one vehicle which is to be exempted.

Year, make, and model	Туре	Titled Owners	Equity Value

Name of company	Policy Number	Ow	ners	Fac Val		Cash Value
_						
Des	scription		Owner(s)		Equi	ty Value
OTAL COMMUNITY S	POUSE RESOUR	CE ALLOW	/ANCE - Total	all equ	uity valu	ues of
				all equ	uity val	ues of
sources listed in Parts Tota Res		ction I and I ime Client	ist below.	·	·	
sources listed in Parts Tota Res	A through E of Sec Il Equity Value of ources Owned at t ered Long Term Ca	ction I and I ime Client are	ist below.	\$_	•	

<u>SECTION II - RESOURCES OWNED AS OF DATE OF APPLICATION</u>

and the current resources and/or equity values differ from those listed in Section I.

listed in Section I, provide a complete description. (Attach additional sheets if necessary.)

Complete this section only if an application has been filed on behalf of the spouse in long term care

List all resources owned at the present time and the equity value of each. If the resource has been listed in Section I, use the same item number as listed in that section. For example, if a piece of real estate is listed on line A1 of Section I, put "A1" on the description line below. If the resource is not

REAL PROPERTY - List all real property currently owned except the home occupied by a

Names of Owners

Equity Value

Date of application: __

spouse.

Legal Description -commonly

Known Address

Α.

LIQUID ASSETS savings, credit un stocks, bonds, an	- List all business or paid any other liquid ass	personal accounts cu tirement or other acco	rrently owned includi ounts, and certificate	ng checki s of depo
Type of asset	Financial Institution	Account or Certificate Number	Name of Owners	Equity Value

C. MOTOR VEHICLES - List all vehicles currently owned such as cars, trucks, motorcycles, campers, boats, or recreational vehicles. Do not list the one vehicle which is to be exempted.

Year, make, and model	Туре	Titled Owners	Equity Value

D. LIFE INSURANCE POLICIES - If the combined face value of all of the life insurance policies each spouse owns is more than \$1500, list the policies for that spouse below and the cash value. If the combined face value is \$1500 or less, do not list any of the policies.

Name of company	Policy Number	Owners	Face Value	Cash Value

E. Other Assets – List all other assets currently owned such as machinery, equipment, livestock, mobile homes, business inventory, mineral rights, boats, trailers, etc.

Description	Owner(s)	Equity Value

SECTION III - INITIAL RESOURCE TEST

The amount of resources owned at the time of application in excess of the community spouse resource allowance amount listed in Section I-F shall be considered available to the spouse in long term care for eligibility purposes.

	Total Equity Value of Currently Owned Resources (Total of Values in Parts A Through E of Section I or II)	
	Total Community Spouse Resource Allowance (Section I-F) \$	
	Amount to be Considered Available to Spouse in Long Term Care= \$	
Person Completi	ing form :	
Signature:		
Date Form Comp	oleted :	

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