

**Attachment 1**  
**(10/14/2010)**

MEDICARE SAVINGS PROGRAM APPLICATION FROM SOCIAL SECURITY

REGION: 21- Southeast  
KHPA/SRS DATE: 01/26/2010 SSA APP. DATE: 01/11/2010 ACTION: APRV HASID  
ID#: 1234567891 CASE #: 12345678 HH SIZE: 1 MSP: QMB  
INCOME PASS? Y \$867.50 RESOURCES PASS? Y \$0.00

NAME: FIRST MI LAST SEX DOB/DOD SSN MEDICARE #  
.....APPLICANT.....  
LOIS LANE F 01/01/1900 999-99-9999 999999999D  
.....SPOUSE.....

ADDRESS: 9110 S MAIN ST  
SMALLTOWN KS 66666-6666

TELEPHONE: (555) 555-5555

NUMBER OF HOUSEHOLD MEMBERS OTHER THAN THE APPLICANT AND SPOUSE: 0

RESOURCES \*\*\*\*\*  
SELF REPORTED EXCEEDS THE RESOURCE LIMIT: NO  
40.00 BANK ACCOUNTS  
0.00 INVESTMENTS  
0.00 CASH  
0.00 REAL ESTATE  
1,500.00 APPLICANT BURIAL EXPENSES  
0.00 SPOUSE BURIAL EXPENSES

UNEARNED INCOME \*\*\*\*\*  
887.50 SSA  
0.00 RAILROAD  
0.00 VA  
0.00 PENSION  
0.00 OTHER

EARNED INCOME \*\*\*\*\*  
APPLICANT SPOUSE  
0.00 0.00 WAGES  
0.00 0.00 SELF EMPLOYMENT NET EARNINGS  
0.00 0.00 SELF EMPLOYMENT NET LOSS

SUBSIDY DETERMINATION INFORMATION \*\*\*\*\*  
SUBSIDY APPROVED: Y  
SUBSIDY APPROVAL/DISAPPROVAL DATE: 01/26/2010  
SUBSIDY EFFECTIVE DATE: 01/01/2010  
SUBSIDY PERCENTAGE AWARD: 100  
LEVEL OF RESOURCES: NO REDUCED CO-PAY  
INCOME USED: SNG  
FPL INCOME PERCENTAGE: 097  
BASIS FOR SUBSIDY DENIAL: