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Long Term Care Resident Addendum

This questionnaire will serve as a tool to help you navigate through the financial impact, with the overall goal of supporting you and your family's needs throughout the process.

Resident Name: _____ Date: _____

Date of Birth: _____ Social Security #: _____ Sex: F ___ M ___

BC Social Security Card ID

Marital Status: Married ___ Widowed ___ Single ___

If married or widowed need the following: Marriage license, marriage certificate, death certificate, or obituary. If there is a married couple, we will need the DOB, SSN, income, and resource verification.

Currently receiving or applied for Medicare? Yes ___ No ___

Copy of Medicare card and Part D card needed

Have you or your spouse ever served in the military? Yes ___ No ___

If yes, submit verification of VA benefits or the VA benefits have been applied for.

If yes, and do not intend to return home, your home will be considered a resource and must be sold for FMV.

Guardian: _____

Guardianship papers should be submitted with Medicaid Application if any on file.

Power of Attorney: _____

POA papers should be submitted with Medicaid Application, Durable Financial POA is required, not Healthcare POA.

Authorized Representative: _____

Address: _____

Phone #: _____

Do you have any Past Due Medical Bills? Yes No

Date entered the Nursing Facility: _____

Before entering the Nursing Facility, was you in the hospital? Yes No If yes, what date did you enter the hospital? _____

When applying for Medicaid Benefits, all sources of income and resources must be disclosed. Resources must be within the limits established by the Medicaid programs to be eligible for benefits. Income information is used to determine the amount you must pay towards the monthly cost of nursing care. There is the potential that the ACJFS could verify your resources. Do you grant the ACJFS the right to verify your resources via the Automated Verification Interface? Yes ___ No ___ Signature: _____

Monthly Income

Do you receive income from any of the following sources? If so, provide verification of the current monthly income?

Income Type	Yes	No	Resident Amount	Spouse Amount	Source (Company Name)	Frequency (weekly, monthly)
Employment						
Social Security						
SSI						
Pension						
Worker's Comp						
Child Support						
Alimony						
Annuity						
Trust Fund						
IRA						
Dividend/Interest						
Royalties						
Investments						
Rental Income						
LTC Insurance						

Available Resources

Do you have any of the following resources or have you transferred or sold any of the following resources in the last 5 years?

Resource Type	Value	Location (Bank/Ins. Co.)	Available Yes/No	Transferred/Sold in last 5 years
Cash on Hand				
Checking Acct				
Savings Acct.				
Christmas Club Acct				
Stocks/Bonds/CD's				
IRA				
Trust Fund				
Annuity				
Mutual Funds				
Retirement Acct.				
Misc. Acct to report				
Lump Sum Received				
Qualified Income Trust				

Additional Resources

Licensed Vehicles	Make/Model/Year	Transferred/Sold in last 5 years		
Car/Truck 1	_____	YES	NO	N/A
Car/Truck 1	_____	YES	NO	N/A
Motorcycle	_____	YES	NO	N/A
Camper	_____	YES	NO	N/A
Trailer	_____	YES	NO	N/A

Real Estate	Address	Transferred/Sold in last 5 years		
Primary Residence	_____	YES	NO	N/A
<i>Do you have an intent to return home?</i>		YES	NO	N/A
Rental Property	_____	YES	NO	N/A
Leased Property	_____	YES	NO	N/A
Cemetery Plot	_____	YES	NO	N/A

Insurance Policies	Policy Holder	Insurance Company
Burial Fund – Irrevocable	_____	_____
Burial Fund – Revocable	_____	_____
LTC Insurance	_____	_____
Life Insurance (list all)	_____	_____
_____	_____	_____
_____	_____	_____

Health Insurance Company	_____
Health Insurance Policy #	_____
Health Insurance Premium	_____
Medicare Begin Date	_____
Medicare Premium	_____
Medicare Supplemental Policy	_____
Medicare Supplemental Prem	_____

Should submit all health insurance cards and verification of all premiums, including Medicare Part D.