

Long Term Care Addendum

Name: _____ **Case Number:** _____

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

Marital Status: Married ___ Widowed ___ Single ___ Separated ___ Divorced ___

If there is a married couple, we will need the DOB, SSN, income, and resource verification.

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.

Authorized Representative/Power of Attorney/Guardian Name:

Address: _____

Phone #: _____

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

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

Do you have any Outstanding Medical Bills from the past three (3) months?

Yes ___ No ___

Which program are you or your spouse applying for? Circle all that apply:

In Home Care Waivers Assisted Living Waivers Nursing Facility

Date entered the Nursing/Assisted Living Facility: _____

Before entering the Nursing/Assisted Living Facility, were you in the hospital?

Yes ___ No ___

If yes, what date did you enter the hospital? _____

Please provide verification of your admission and discharge dates from the hospital.

Do you grant ACJFS permission to electronically verify your income for the Medical Program? Yes ___ No ___ Signature: _____

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						
Veteran Affairs						

If you are a widow, have you applied for survivors/widows' benefits through all forms of income your spouse received? Yes ___ No ___

****If you have not, you will need to apply through those forms of income and provide verification that you have applied****

If the income received by the individual requesting Long Term Care Medicaid exceeds \$2523 (for 2022), you will need to set up a Qualified Income Trust to be eligible.

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? If you answer yes to any of the following, please provide current verification.

Resource Type	Value	Location (Bank/Ins. Co)	Available Yes/No	Transferred/Sold in last 5 years
Cash on Hand				
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				
Burial Contract				
Checking Account 1				
Checking Account 2				
Checking Account 3				
Savings Account 1				
Savings Account 2				
Savings Account 3				

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Within the last five years, have you improperly transferred any assets or resources for the intent of obtaining Medicaid? Examples of improper transfers may include but are not limited to: gifts to children or relatives, prepaying rent, utilities, or a nursing home.

Yes ____ No ____

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
If yes, and do not intend to return home, your home will be considered a resource and must be sold for Fair Market Value				
Do you have an intent to return home?		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)	_____	_____
_____	_____	_____

If you are Married, please answer the following questions about your expenses:

Expense Type	Amount	Frequency (monthly, Annually)	Company/Provider	Whose Name is the bill in?
Mortgage				
Rent				
Property Taxes				
Homeowner Insurance				
Utility 1				
Utility 2				
Utility 3				

If you have any of the above, please provide current verification.

Health Insurance

Do you and/or your spouse have any of the following:

Health Insurance Type	Resident Yes/No	Spouse Yes/No	Health Insurance company	Health Insurance Policy #	Health Insurance Premium
Medicare Part A					
Medicare Part B					
Medicare Part C					
Medicare Part D					
Medicare Supplemental Policy 1					

Medicare Supplemental Policy 2					
Other Health Ins 1					
Other Health Ins 2					

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

Contact Information:

Allen County Job and Family Services

Phone: 419-228-2621

LTC Phone: 419-999-0255

Email: Allen-Med-NH@jfs.ohio.gov

Fax: 419-999-0301

Allen County Veterans Service Commission

Phone Number: 419-223-8522

Address: 301 N Main St, Room #113, Lima, OH 45801

Area Agency on Aging

Phone Number: 419-222-7723

Address: 2423 Allentown Rd. Lima, OH 45805

Council on Aging

Phone Number: 419-228-5135

Address: 700 N. Main St. Lima, OH 45801

Allen County Board of Developmental Disability

Phone Number: 419-221-1385

Address: 2500 Ada Rd, Lima, OH 45801

Social Security

Phone Number: 1-800-223-0288

Address: 401 W North St. Suite 101 Lima, Ohio 45801