Job Family SERVICES
Allen County

Joe Patton, Director
951 Commerce Parkway
Lima, Ohio 45804

Medicaid Resource Questionnaire

Case Name:
Case #:

Certain programs have a resource limit and require resources to be verified. Please check all resources that you currently own or have owned in the last five (5) years. Please list the bank/company name, your account number and current balance. If you mark YES to any of the resources below, you must submit account statements and/or other verification of the value of these resources from _____ to present. If any of the accounts have been closed prior to _____, submit verification from the financial institution indicating when the account was closed and the closing balance along with verification of what was done with the funds received from closing the account. If you do not have any of the accounts listed below, you must indicate how you are cashing your SSI/RSDI checks. _____

	Bank/Company Name and Account #	Balance/Value
☐ Real or Personal Property:		
☐ Vehicles:		
☐ Savings Account:		
☐ Checking Account:		
☐ Credit Union Account:		
☐ Christmas Club Account:		
☐ Direct Express Card:		
☐ Life Insurance Policies:		
☐ Cemetery Lot		
☐ Savings Certificates or CD's:		
☐ Stocks, Bonds, or Savings Bonds:		
☐ Trust Fund/Estate Funds:		
☐ Annuities:		
☐ Revocable/Irrevocable Burial Contracts:		
☐ IRA or 401K:		
☐ Keogh Plan:		
☐ Mutual Funds:		
☐ Individual Development Account:		
☐ Dividend and Interest:		
☐ Cash on Hand:		
☐ Tax Shelter Account:		

☐ Do we have permission to electronically verify your income and resources? ☐ Yes ☐ No

****Please sign and date to indicate the information on this form is correct****

_____ _____
Client Signature Date