



Physician Certification For Home Maintenance Allowance (HMA)

CLIENT NAME	STARTING DATE	ACES CLIENT ID NUMBER
<p>PHYSICIAN: The following information is needed to allow the client to be eligible for the Home Maintenance Allowance (HMA). The HMA will allow some of the client's income (to the 100% Federal Poverty Level maximum) to be set aside for up to six (6) months to maintain or support the client's transition to a community residence while they are receiving services in a nursing facility or Medicaid Medical Institution.</p> <p>Your cooperation is sincerely appreciated.</p>		
<p><u>Please Check One:</u></p> <p><input type="checkbox"/> Upon review of the above-named person's health status, I believe they will likely return to their community home within six (6) months from the date above.</p> <p><input type="checkbox"/> Upon review of the above-named person's health status, I believe they are NOT LIKELY to return to a community home within six (6) months from the date above.</p>		
PHYSICIAN'S SIGNATURE		DATE