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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | HOME AND COMMUNITY SERVICES  **Community Resource Declaration**  Complete this form to request an evaluation of resources for you and your spouse. | | | | | | | | | | | | | |  | | | |
| **FOR OFFICE USE ONLY** | | | |
| CLIENT ID NUMBER | | | |
| NAME | | | | | | | | | | | DATE OF BIRTH | | | | SOCIAL SECURITY NUMBER | | | |
| SPOUSE’S NAME | | | | | | | | | | | DATE OF BIRTH | | | | SOCIAL SECURITY NUMBER | | | |
| HOME ADDRESS | | | | | CITY | | | | | STATE | | | ZIP CODE | | HOME TELEPHONE NUMBER | | | |
| MAILING ADDRESS IF DIFFERENT | | | | | | | | | CITY | | | | | | | | STATE | ZIP CODE |
| FACILITY NAME | | | FACILITY ADDRESS | | | CITY | | | | | | STATE | | ZIP CODE | | FACILITY ADMISSION DATE | | |
| List the value of all resources as of the first day of the month you were admitted to the medical facility. Include all | | | | | | | | | | | | | | | | | | |
| resources owned jointly, separately, or with another person. Attach an additional sheet if there isn’t enough space. | | | | | | | | | | | | | **FOR OFFICE USE ONLY** | | | | | |
| TYPE OF RESOURCE | | WHO OWNS THE  RESOURCE  (You, spouse, jointly) | | LOCATION | | | ACCOUNT NUMBER | AMOUNT OR VALUE  (Attach proof) | | | | | COUNTABLE  RESOURCE  VALUE | | | HOW VERIFIED? | | |
| Cash on hand | |  | |  | | |  |  | | | | |  | | |  | | |
| Checking Account | |  | |  | | |  |  | | | | |  | | |  | | |
| Checking Account | |  | |  | | |  |  | | | | |  | | |  | | |
| Checking Account | |  | |  | | |  |  | | | | |  | | |  | | |
| Savings Account | |  | |  | | |  |  | | | | |  | | |  | | |
| Savings Account | |  | |  | | |  |  | | | | |  | | |  | | |
| Savings Account | |  | |  | | |  |  | | | | |  | | |  | | |
| Credit Union Account | |  | |  | | |  |  | | | | |  | | |  | | |
| Credit Union Account | |  | |  | | |  |  | | | | |  | | |  | | |
| CD or Money Market | |  | |  | | |  |  | | | | |  | | |  | | |
| Trusts | |  | |  | | |  |  | | | | |  | | |  | | |
| Annuities | |  | |  | | |  |  | | | | |  | | |  | | |

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|  | | | | | | | **FOR OFFICE USE ONLY** | | |
| TYPE OF RESOURCE | WHO OWNS THE  RESOURCE  (You, spouse, jointly) | LOCATION | | | ACCOUNT NUMBER | AMOUNT OR VALUE  (Attach proof) | COUNTABLE  RESOURCE  VALUE | HOW VERIFIED? | |
| Stocks, bonds, or mutual funds |  |  | | |  |  |  |  | |
| Retirement funds or IRA |  |  | | |  |  |  |  | |
| Property on which you live |  |  | | |  |  |  |  | |
| Property on which you do not live |  |  | | |  |  |  |  | |
| Sales contracts |  |  | | |  |  |  |  | |
| Life Insurance |  |  | | |  |  |  |  | |
| Burial funds or policies |  |  | | |  |  |  |  | |
| Vehicles |  |  | | |  |  |  |  | |
| Vehicles |  |  | | |  |  |  |  | |
| List Other Resources |  |  | | |  |  |  |  | |
|  |  |  | | |  |  |  |  | |
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| \* Your spousal share is half of the countable resources you and your spouse own or have an interest in. | | | | | | | **TOTAL VALUE** | **\*SPOUSAL SHARE** | |
|  |  | |
| I declare under penalty of perjury the information I gave in this declaration is true and complete. | | | | | | | | | |
| CLIENT’S SIGNATURE | | | DATE | SPOUSE’S SIGNATURE | | | | | DATE |
| FINANCIAL SERVICES SPECIALIST SIGNATURE | | | DATE |  | | | | | |