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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 THERESOURCE(You, spouse, jointly) | LOCATION | ACCOUNT NUMBER | AMOUNT OR VALUE(Attach proof) | COUNTABLERESOURCEVALUE | 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 THERESOURCE(You, spouse, jointly) | LOCATION | ACCOUNT NUMBER | AMOUNT OR VALUE(Attach proof) | COUNTABLERESOURCEVALUE | 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 |  |