Long-Term-Care Supplement

- Do you need long-term-care services in a nursing home type facility? ☐ Yes ☐ No
  If yes, you must answer all questions and fill out all sections of this supplement.
- Are you applying for or getting long-term-care services at home under a Home- and Community-Based Services Waiver?
  ☐ Yes ☐ No **If yes**, you only need to fill out the "**Resource Transfers**" section on page 22.

Please print clearly. Answer all questions and fill out all sections. If you need more space to finish any section, please use a separate sheet of paper (include your name and social security number), and attach it to this supplement.

Applicant/Member Information

Last name, first name, middle initial	Social security number

Name and address of hospital, nursing facility, or other institution

Date of admission (mm/dd/yyyy)	Were you placed here by another state? ☐ Yes ☐ No **If yes**, what state?

1. Do you have to pay guardianship expenses for a court-appointed guardian? ☐ Yes ☐ No

Living expenses of the spouse and family members living at home

Your spouse living at home may be able to keep some of your income. Fill out the following information about your spouse's current living expenses. **If you do not have a spouse**, go to the next section **(Resource Transfers)**.

Send proof of your spouse's current living expenses.

Spouse's last name, first name, middle initial	Social security number

2. How much does your spouse pay each month for:

   Rent? _____ Mortgage (principal and interest)? _____

   Homeowner's/tenant's insurance? _____ Real estate taxes? _____

   Required maintenance charge for a condo or co-op? _____ Room and board for assisted living? _____

3. Does your spouse pay for heat? ☐ Yes ☐ No
4. Does your spouse pay for utilities? ☐ Yes ☐ No
5. Is a child, parent, brother, and/or sister living with your spouse? ☐ Yes ☐ No

   If yes, fill out this section. **If no,** go to the next section **(Resource Transfers)**.

Send proof of their monthly income before deductions.

A deduction may be allowed for their maintenance needs. These persons must be related to you or your spouse, and one of you must claim them as dependents on your federal income tax return.

Name		Social security number
Relationship	**Date of birth (mm/dd/yyyy)**	**Monthly income before deductions**
		$

Name		Social security number
Relationship	Date of birth (mm/dd/yyyy)	Monthly income before deductions $

Resource Transfers (resources include both income and assets)

6. In the past 60 months:

   a. Has any property that was available or belonged to you or your spouse been transferred into or out of a trust? ☐ Yes ☐ No

   b. Did you, your spouse, or someone on your behalf transfer income or the right to income? ☐ Yes ☐ No

   c. Did you, your spouse, or someone on your behalf transfer, change ownership in, give away, or sell any assets, including your home or other real estate? ☐ Yes ☐ No

   d. Did you, your spouse, or someone on your behalf change the deed or the ownership of any real estate, including creating a life estate, even if the life estate was purchased in another person's residence? ☐ Yes ☐ No

   e. If you purchased a life estate in another person's home, did you live in the home for at least one year after you purchased the life estate? ☐ Yes ☐ No

   f. Did you, your spouse, or someone on your behalf add another name to the deed of any property you own? ☐ Yes ☐ No

   g. Did you, your spouse, or someone on your behalf receive or give anyone a mortgage, loan, or promissory note on any property or other asset? ☐ Yes ☐ No

   h. Did you, your spouse, or someone on your behalf purchase or in any way change an annuity? ☐ Yes ☐ No

   If you answered yes to any of the questions above, you must fill out the following, and **send us proof** of this information.

Description of asset/income		Date of transfer (mm/dd/yyyy)
Transferred to whom	Relationship to you or your spouse	Amount of transfer $
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Transferred to whom	Relationship to you or your spouse	Amount of transfer $
Description of asset/income		Date of transfer (mm/dd/yyyy)
Transferred to whom	Relationship to you or your spouse	Amount of transfer $

7. Have you, your spouse, or someone acting on your behalf given a deposit to any health care or residential facility, like an assisted living facility, a continuing care retirement community, or life care community? ☐ Yes ☐ No

   If yes, give us the name and address of the facility, the amount of the deposit, answer the following questions, and **send us a copy** of the contract you signed with the facility and any documents about this deposit.

   Name of facility _____

   Address of facility _____ Amount $ _____

   a. Does the facility still have the deposit? ☐ Yes ☐ No

   b. Did the facility return the deposit? ☐ Yes ☐ No

   If yes, give us the name and address of the person who got the deposit from the facility.

   Name of person _____

   Address _____

Real Estate

The answers to the following questions will be used to decide if: (1) your real estate will be counted as an asset; or (2) a lien will be placed against your real estate.

Note: If the equity interest in your principal place of residence is over a certain limit, you may be ineligible for payment of long-term-care services, unless certain conditions are met.

8. Do you or your spouse own or have a legal interest in your home, including a life estate? ☐ Yes ☐ No

If yes, fill out the following information and answer questions 8 through 15. If **no**, answer question 15 only.

Name and address of person(s) on ownership papers _____

_____

Description and address of property location _____

_____

Type of ownership (Check one.)

☐ Individual *(Fair-market value)* $ _____ ☐ Tenancy in common *(Fair-market value)* $ _____

☐ Joint tenancy *(Fair-market value)* $ _____ ☐ Life estate *(Fair-market value)* $ _____

Name and address of person(s) on ownership papers _____

_____

Description and address of property location _____

_____

Type of ownership (Check one.)

☐ Individual *(Fair-market value)* $ _____ ☐ Tenancy in common *(Fair-market value)* $ _____

☐ Joint tenancy *(Fair-market value)* $ _____ ☐ Life estate *(Fair-market value)* $ _____

9. Do you have a spouse? ☐ Yes ☐ No **If yes**, fill out this section.

Name _____ Is this person living in your home? ☐ Yes ☐ No

10. Do you have a permanently and totally disabled or blind child? ☐ Yes ☐ No **If yes**, fill out this section.

Name _____ Is this person living in your home? ☐ Yes ☐ No

11. Do you have a child under 21 years of age? ☐ Yes ☐ No **If yes**, fill out this section.

Name _____ Date of birth (mm/dd/yyyy) _____ Is this person living in your home? ☐ Yes ☐ No

12. Do you have a brother or sister with a legal interest in the home who was living in the home for at least one year immediately before your admission to the medical institution? ☐ Yes ☐ No If **yes**, fill out this section.

Name _____ Is this person living in your home? ☐ Yes ☐ No

13. Do you have a son or daughter who has lived in the home for at least the last two years before your admission to the medical institution and has provided care to you that allowed you to live in the home? ☐ Yes ☐ No If **yes**, fill out this section.

Name _____ Is this person living in your home? ☐ Yes ☐ No

14. Do you have a dependent relative? ☐ Yes ☐ No **If yes**, fill out this section.

Name _____ Is this person living in your home? ☐ Yes ☐ No

Describe the relationship and the nature of the dependency: _____

_____

15. Do you intend to return to your home? ☐ Yes ☐ No

16. Do you or your spouse own or have a legal interest in **other** real estate not listed in #7 above? ☐ Yes ☐ No

If yes, please describe the property and list its address below.

If you need more space, please use a separate sheet of paper.

Long-Term-Care Insurance

17. Do you or your spouse have long-term-care insurance? ☐ Yes ☐ No

If yes, fill out this section. **If no**, go to the next section (**Tax Returns**).

Send a copy of the policy.

Company name/Policy number	Policyholder name	Effective date (mm/dd/yyyy)	Premium amount $
Company name/Policy number	Policyholder name	Effective date (mm/dd/yyyy)	Premium amount $

Tax Returns

18. Did you or your spouse file U.S. income tax returns in the last two years? (Check one.)

☐ Yes, both years ☐ Yes, one of these years ☐ No, neither year

If yes, you must **send copies** of these returns. If you did not keep copies of one or more of these returns, **you must send in a filled-out and signed Form 4506**. Form 4506 is included as part of the Long-Term-Care Supplement if you need to use it.

Sign this supplement.

By signing this supplement below, I hereby certify under the pains and penalties of perjury that the submissions and statements I have made in this supplement are true and complete to the best of my knowledge, and I agree to accept and comply with the above rights and responsibilities.

Important: If you are submitting this supplement as an authorized representative, you must submit an Authorized Representative Designation Form (ARD) to us for us to process this application. It is important to complete this form as this is the only way we may speak to you about this application.

Signature of applicant/member or authorized representative	Print name	Date