CERTIFICATION OF TRANSFER OF RESOURCES TO THE COMMUNITY SPOUSE

County:	Case Number:
Name:	
Mailing Date:	

42 U.S.C.A §1396r-5 and 55 PA.Code § 178.125 provide that an individual admitted to a Long Term Care facility or assessed eligible for Home and Community Based Services may transfer certain resources to a spouse living at home, subject to a maximum limit specified by the Federal government.

I understand that a transfer of resources to my spouse living at home will not affect my eligibility for Medical Assistance Long Term Care benefits.

I hereby certify that I will transfer resources in the amount of $ _____ owned by me to my spouse, _____ , within ninety (90) days from _____ . Failure to transfer these resources within this timeframe could result in ineligibility for Medical Assistance and payment of Long Term Care services.

NAME (PLEASE PRINT) | INDIVIDUAL OR REPRESENTATIVE SIGNATURE | DATE

If the individual in the Long Term Care facility or assessed eligible for Home and Community Based Services signed with an “X”, the signature and address of a witness is required.

NAME (PLEASE PRINT) | WITNESS SIGNATURE | DATE

ADDRESS | CITY | STATE | ZIP CODE

pennsylvania
DEPARTMENT OF PUBLIC WELFARE