

RESOURCES/ACCEPTABLE PROOF



VERIFICATION OF ALL RESOURCES MUST BE ATTACHED TO THE FORM. FOR EXAMPLE:

CODE	RESOURCE	VERIFICATION <small>*Value as of date of admission to nursing facility or date of assessment for home and community based services (HCBS).</small>
01	CASH ON HAND	Your written statement showing the total amount of money not in the bank or otherwise invested.
02	SAVINGS ACCOUNT(S)	Photocopies of your bank statements, bank books or a written statement from the financial institution.*
03	CHECKING ACCOUNT(S)	Photocopies of your bank statement or written statement from the financial institution.*
04	CHRISTMAS AND/OR VACATION CLUB	Photocopies of the bank statement or written statement from the financial institution.*
05	STOCKS AND/OR BONDS, ETC.	A written statement from the brokerage firm, issuing agent or authority or institution where the stocks, bonds, etc. were purchased or held; or copy of the stock certificate or bond and a statement of the value.*
06	TRUST FUND	Photocopy of the trust agreement and inventory of trust assets or other documentation of value.*
07	IRREVOCABLE BURIAL RESERVE	Photocopy of the burial reserve agreement.
08	REVOCABLE BURIAL RESERVE	Photocopy of the burial reserve agreement.
09	RESERVED	
10	LIFE INSURANCE	A document identifying ownership for each insurance policy and a written statement of cash value from the insurance company. An Explanation of Benefits (EOB) letter issued by the insurance company is required for Long Term Care Partnership insurance policies*
11	NON-RESIDENT REAL PROPERTY	Your real estate tax bill or a broker's statement of the fair market value of the property; and if the property is rented, the rental agreement or lease.*
12	MOTOR VEHICLE(S)	A written statement of the value, from a car dealer; or list the year, make, and model of the vehicle, and we will use the automobile red book to determine the value.
13	BOATS, SNOWMOBILES, TRAILERS AND OTHER VEHICLES	A written statement of the fair market value of the vehicle, from a dealer.*
14	CERTIFICATES OF DEPOSIT	A written statement from the financial institution listing the value and ownership.*
15	ANNUITIES	A photocopy of the document that explains the terms, date of purchase, and value of the annuity at the time of admission/or assessment for HCBS.*
16	SAVINGS BONDS	Photocopies of the bonds or a written statement from a bank that identifies the owner(s) of the bonds, the serial number(s), purchase date, and the value of the bonds at the time of admission.*
17	MUTUAL FUNDS	An itemized written statement of the value from the mutual fund or brokerage firm.*
18	INCORPORATED OR UNINCORPORATED BUSINESS (PARTNERSHIP/SOLE PROPRIETORSHIP)	For a corporation, a statement of the value of your stock; for an unincorporated business, documents that established the business and that verify the value of your share of the business.
19	IRA OR KEOGH	A written statement from the bank or financial institution that identifies the owner(s) and the value.*
20	OTHER	Photocopy(ies) of any agreement(s) or statement(s) regarding any money or other resources not already listed.*



RESOURCE ASSESSMENT

YOUR INFORMATION IS CONFIDENTIAL FOR USE ONLY BY THE DEPARTMENT OF HUMAN SERVICES

GENERAL INFORMATION					
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH / /		SOCIAL SECURITY NO.
ADDRESS (STREET AND CITY)			COUNTY	STATE	ZIP CODE
NAME OF LTC SERVICE PROVIDER			TELEPHONE NO. ()	DATE OF ADMISSION OR HCBS ASSESSMENT / /	
SPOUSE'S LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH / /		SOCIAL SECURITY NO.
SPOUSE'S STREET ADDRESS CITY			STATE	ZIP CODE	SPOUSE'S TELEPHONE NO. ()

RESOURCES

VERIFICATION MUST ACCOMPANY THIS FORM FOR EACH RESOURCE LISTED. ACCEPTABLE VERIFICATION AND CORRESPONDING RESOURCE CODES ARE **LISTED ON THE BACK OF THE INSTRUCTION PAGE.**

DO NOT SEND ORIGINAL DOCUMENTS, AS VERIFICATIONS WILL NOT BE RETURNED. If a resource is owned by you and another person other than your spouse, list on a separate sheet of paper the resource and the names of the joint owners. Indicate if you or someone else purchased the asset. If it is not owned in equal shares, provide proof of the division of ownership as well as total value.*

BE CERTAIN TO LIST **ALL** RESOURCES, SINGLY OR JOINTLY-OWNED

OWNER(S) OF RESOURCE			RESOURCE CODE	*As of the date of admission or HCBS assessment.			DOCUMENTED	
LAST NAME	FIRST NAME	M.I.		TOTAL VALUE	AMOUNT OWED	NET VALUE	YES	NO

IF YOU NEED ADDITIONAL SPACE, USE NOTES/INFORMATION SECTION OF THE FORM

NOTE: IF YOUR INTEREST IN ANY RESOURCE IS A LIFE INTEREST, PLEASE INDICATE

ENTER THE TWO DIGIT CODE IN THE "RESOURCE CODE" COLUMN THAT BEST DESCRIBES THE RESOURCE THAT YOU ARE IDENTIFYING

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|----------------------------|-------------------------------|----------------------------|-----------------|
| 01 CASH ON HAND | 07 IRREVOCABLE BURIAL RESERVE | 13 BOATS, SNOWMOBILES, | 18 BUSINESS |
| 02 SAVINGS ACCOUNT(S) | 08 REVOCABLE BURIAL RESERVE | TRAILERS & OTHER VEHICLES | 19 IRA OR KEOGH |
| 03 CHECKING ACCOUNT(S) | 09 RESERVED | 14 CERTIFICATES OF DEPOSIT | 20 OTHER |
| 04 CHRISTMAS/VACATION CLUB | 10 LIFE INSURANCE | 15 ANNUITIES | |
| 05 STOCKS, BONDS, ETC. | 11 NON-RESIDENT REAL ESTATE | 16 SAVINGS BONDS | |
| 06 TRUST FUND | 12 MOTOR VEHICLE(S) | 17 MUTUAL FUNDS | |



