

CERTIFICATION OF TRANSFER OF RESOURCES TO THE COMMUNITY SPOUSE

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|---------------|--------------|
| 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