

APPLICATION APPENDIX

FINANCIAL ASSESSMENT FORM

APPLICANT NAME _____ DATE _____

INCOME

Social Security \$ _____	Disability \$ _____	Trusts \$ _____
Pension \$ _____	Interest \$ _____	Other \$ _____

BANK ACCOUNTS

Name on Account	Name of Banking Institution	Account Number	Account Type	Balance of Date of Admission to Medical Institution

LIFE INSURANCE

Name of Insured	Insurance Company	Policy Number	Face Value

LONG TERM CARE INSURANCE

Policy Holder	Insurance Company	Policy Number	Benefit Amount

TRUSTS *Type: I = Irrevocable R = Revocable

Name of Trust	Type *	Grantor(s) Donor(s)	Trustee(s)	Beneficiaries	Trust Principal

REAL ESTATE: Real estate includes your home, vacation property, rental property, time-sharing property, vacant lots, and business property, whether in Massachusetts or out of state. (Ownership of real estate includes joint ownership, tenancy by the entirety, tenants in common, and a life estate).

Name on Ownership Papers	Description and Location	Fair Market Value
		\$
		\$

MOTOR VEHICLES: Motor vehicles include cars, vans, trucks, mobile homes, and boats.

Name of Owner	Year/Make/Model	Fair Market Value	Amount Owed
		\$	\$
		\$	\$

STOCKS/BONDS/OTHER: These include stocks, bonds, savings bonds, mutual funds, certificates of deposit (CD's), securities, and any assets held in safe-deposit box.

Name of Owner	Description & Location	Value	# Shares
		\$	
		\$	

ANNUITIES

Name of Owner	Name of Annuitant	Beneficiary upon Death of Annuitant	Income Received	How Often?
			\$	

Living Expenses of the Spouse and Family Members in the Community:

Your community spouse may be able to keep some of your income. Complete the following information about your spouse's current living expenses. How much does your spouse pay each month for:

Rent: \$ _____ Mortgage (principal & interest): \$ _____
 Taxes: \$ _____ Homeowner's/Tenant's Insurance: \$ _____
 Required Maintenance Charge for a Condo or Co-Op: \$ _____

Does your spouse pay for heat? _____ Does your spouse pay for utilities? _____

If a child, parent, brother, and/or sister lives with applicant's spouse, a deduction may be allowed for their maintenance needs. These persons must be related to applicant or the spouse and one of you must claim them as a dependent on income tax.

Name	Social Security Number	Relationship	Date of Birth	Monthly Income Amount

TRANSFER OF ASSETS

Please complete this section of the form if there has been any transfer of assets within a 60 month period preceding the date of admission to the nursing facility or date on which a MassHealth application has or will be filed.

Asset Type*1	Estimated \$ Value of Transfer*2	Date Transferred	Name of Person Who Received Asset
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***1 Cash, bonds, stocks, mutual funds, 401 Ks, IRAs, real estate, other personal property**

***2 In the case of real estate or other personal property, the estimated value of the transfer is equal to the fair market value of the property at time of transfer less the proceeds received for the transfer.**

Attestation

I attest that I have read or have had read to me the Financial Assessment Form. I further attest that the information provided on this Assessment Form is correct and complete to the best of my knowledge and ability.

If you are completing or are assisting in the completion of this form on behalf of someone who is unable to complete this assessment form because of a physical or mental condition, you must be sufficiently aware of his or her circumstances to assume responsibility for the accuracy of the statements made. By signing this document, you are attesting to the accuracy of the statements made.

Signature of Applicant

Date

Signature of Legal Representative (DPOA, Guardian, Conservator)

Date

Signature of Responsible Party (if applicable)

Date