

Long-Term Care Change in Need Resource Checklist

Resources	No	Yes	Amount		
Checking accounts?				Copy of Bank or Credit Union Statements	
Savings accounts?				Copy of Bank or Credit Union Statements	
Retirement accounts (Deferred Compensation, IRA and/or Keogh)?				Copy of Financial Statements	
Life insurance policies?				Copy of Policy and current Statement identifying Face Value and current Cash Value	
Stocks, bonds or certificates of deposit (CDs)?				Copy of Stocks, Bonds, Certificates OR Copy of Financial Statement	
Mutual funds?				Copy of Bonds	
Homestead?				Verification of equity interest, if no spouse, minor child or certified blind or certified disabled child resides in the home	
Other Real Property including income producing and non-income-producing property?				Copy of Deed and proof of current Fair Market Value	
Annuities?				Copy of Annuity Contract/Agreement	
"In trust" accounts?				Copy of Financial Statement	
Safe Deposit Box?				Copy of Bank Record	
Resources other than those listed above?					
<p>Have you or your spouse given away any cash, income or resources, or sold/transferred any real or personal property in the past 60 months? If yes, when? _____</p> <p>Have you or your spouse created a trust since your last recertification or transferred any assets to or from a trust, or become a beneficiary of a trust? If yes, when? _____</p> <p>If you own your home and no spouse, minor child or certified blind or certified disabled child is residing in the home, is there a legal impediment that prevents you from being able to access your equity interest in the property? If yes, what is the legal impediment? _____</p> <p>I swear and/or affirm under penalties of perjury that the information I have given regarding my determination for Medicaid coverage for all care and services is correct.</p>					
<p>_____ Recipient/Representative Signature</p>		<p>_____ Date Signed</p>		<p>_____ Spouse/Representative Signature</p>	
				<p>_____ Date Signed</p>	