

**REVISED SERVICE PLAN  
HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER  
Nursing Home Transition and Diversion (NHTD)**

**Insurance, Resources and Funding Information Sheet**

Date: \_\_\_\_\_  
Participant's Name: \_\_\_\_\_ CIN: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

**1. Insurance Information**

Other Health Insurance: Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Medicare #: \_\_\_\_\_  
 Medicare A Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Medicare B Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Medicare D Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Medicare D Prescription Plan: \_\_\_\_\_

Medicare Managed Care  Yes  No

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ ID #: \_\_\_\_\_

Supplemental Insurance Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Other Prescription Plan: Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Medicaid Spend-down Per Month \$ \_\_\_\_\_

Spend-down to be applied to  LDSS or  Service: \_\_\_\_\_

Medicaid Managed Care  Yes  No

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ ID #: \_\_\_\_\_

Veteran  Yes  No Receives services?  No  Yes (List) \_\_\_\_\_

**Insurance and Resource/Funding Information Sheet (continued)**

**2. Resources and Funding**

**A. Income**

<b>Income Source</b>	<b>Amount</b>	<b>Denied/ Date</b>	<b>Will Apply Upon Enrollment</b>	<b>Who Will Assist With Application?</b>
Social Security				
Social Security Disability Insurance				
Supplemental Security Income				
Veteran's Administration				
Public Assistance				
Supplemental Needs Trust				
Other Trust				
Worker's Compensation				

**B. Federal, State and Private Funded Resources/Services**

<b>Funding Source</b>	<b>Amount</b>	<b>Denied/ Date</b>	<b>Type and Frequency of Service</b>	<b>Will Apply Upon Enrollment?</b>	<b>Who Will Assist With Application?</b>
HUD/Section 8					
HEAP					
Food Stamps					
Crime Victims Funding					
VESID					
OMRDD					
Worker's Compensation					
No Fault Insurance					
Veteran's Administration					
Medicare					
Other Insurance:					
NHTD Housing Subsidy					
Other:					

**Insurance and Resource/Funding Information Sheet (continued)**

<b>Housing Supplement</b>	<b>YES</b>	<b>NO</b>
<b>Low income housing tax credits</b>		
<b>HOME dollars</b>		
<b>CDBG funds</b>		
<b>Housing choice vouchers (such as tenant based, project based, mainstream or homeownership vouchers)</b>		
<b>Housing trust funds</b>		
<b>Section 811</b>		
<b>202 funds</b>		
<b>USDA rural housing funds</b>		
<b>Veterans Affairs housing funds</b>		
<b>Funds for home modifications</b>		
<b>Funds for assistive technology as it relates to housing</b>		
<b>Other, specify:</b>		

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Participant Signature Date

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Service Coordinator Signature Date