

Long-Term Care Change In Need Resource Checklist

Resources	No	Yes	Amount	To Prove the Amount of this Resource, Mail In:
Checking accounts?				✓ Copy of Bank or Credit Union Statement
Savings accounts?				✓ Copy of Bank or Credit Union Statement
Retirement accounts (Deferred Compensation, IRA and/or Keogh)?				✓ Copy of Financial Statement
Life insurance policies?				✓ Copy of Life Insurance Policy OR ✓ Statement from Insurance Company Identifying Face Value and Cash Value
Stocks, bonds or certificates of deposit (CDs)?				✓ Copy of Stocks, Bonds, Certificates OR ✓ Copy of Financial Statement
Mutual funds?				✓ Copy of Bonds
Real estate other than homestead, including income producing and non-income-producing property?				✓ Copy of Deed and Statement from Real Estate Broker Verifying Current Value
Annuities?				✓ Copy of Annuity Agreement
"In trust" accounts?				✓ Copy of Bank Statement
Safe deposit box?				✓ Copy of Bank Record
Resources other than those listed above?				
<p>Has anyone (including your spouse, even if not receiving Medicaid or living with you) given away any cash, or sold/transferred any real estate, income or personal property in the past 36 months? If yes, when? _____</p> <p>Has anyone (including your spouse, even if not receiving Medicaid or living with you) created a trust since you last renewed or transferred any assets into a trust or become the beneficiary of a trust? If yes, when? _____</p> <p>I swear and/or affirm under penalties of perjury that the information I have given or will give to the local social services district is correct.</p>				
_____ Recipient/Representative Signature	_____ Date Signed	_____ Spouse/Representative Signature	_____ Date Signed	