

Ohio Department of Medicaid
RESOURCE ASSESSMENT WORKSHEET

Assistance Group Number	Street Address	
Institutional Spouse's Name	City, State and Zip	
Community Spouse's Name	County	Mailing Date

List below the combined countable resources owned by the couple, the method of documentation, and the value of the resources as of the first period of institutionalization, which began _____.

TYPE OF RESOURCE	HOW DOCUMENTED	VALUE
1. Cash on hand		\$
2. Savings accounts		\$
3. Checking accounts		\$
4. Certificates of Deposits (CDs)		\$
5. Trust fund/Estate		\$
6. Individual Retirement Accounts (IRAs)		\$
7. Keogh Plan		\$
8. Christmas Club		\$
9. Cash value of life Insurance policies		\$
10. Stocks/Bonds		\$
11. Money market certificates		\$
12. Savings certificates		\$
13. Revocable burial contracts		\$
14. Tax shelter accounts		\$
15. Countable cemetery lots		\$
16. Countable real property (home excluded)		\$
17. Countable automobiles: (one automobile is exempt)		\$
18. Additional motor vehicles (boat, camper, RV, truck, etc.)		\$
19. Other resources (identify)		\$
TOTAL VALUE OF RESOURCES		\$

Signature of Caseworker	District ID	Telephone Number
-------------------------	-------------	------------------

This resource assessment was not completed in conjunction with a Medicaid application.

Your Right to a State Hearing

This notice is to tell you about a determination the county department of job and family services has made on your case. If you do not understand this determination, you should contact your caseworker. After discussing the reasons for the determination with your caseworker, it is possible that we will change our decision or that you will agree with the determination.

If you disagree with this allocation of resources or believe that the income generated by the resource amount attributed to the spouse at home, in addition to the spouse's own income, is not enough to met the Minimum Monthly Maintenance Needs Allowance (MMMNA) you have the right to a state hearing.

If you request a state hearing because the resources allocated to the spouse at home in addition to the spouse's own income is not enough to meet the Minimum Monthly Maintenance Needs Allowance that has been determined, you must obtain three written estimates of the cost of a single premium lifetime immediate payment annuity with monthly payments equal to the monthly income allowance that was determined. A single premium lifetime immediate payment annuity is an annuity which provides monthly payments for the annuitant's lifetime only. An annuity that is a delayed payment annuity that guarantees return of the principle is not a single premium lifetime immediate payment annuity and cannot be used to determine the amount of additional resources needed to generate the difference between the community spouse's gross income and the MMMNA. You must present this information to the state hearing officer at the time of the hearing. If you are not able to obtain the information or need assistance in obtaining the information, contact your caseworker for assistance.

If you do not agree with this determination, you have a right to a state hearing. A state hearing lets you or your representative (lawyer, welfare rights worker, friend or relative) give your reasons against the determination. We will also attend or be represented at the hearing to present our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

If you want a hearing we must receive your hearing request within 90 days of the mailing date of this notice. You do not need to return this form if you agree with the action.

If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

You can ask your local Legal Aid program for free help with your case. Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

If you want a hearing, sign your name, and mail this form to the Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825

OR

You may also fax your form to (614) 728-9574 (ODJFS, Bureau of State Hearings)

OR

E-mail to bsh@jfs.ohio.gov (please include your name, address, case number, and tell us why you are requesting a hearing)

OR

Call the ODJFS Customer Access Line at 1-866-ODJFS-4-U (1-866-635-3748) and follow instructions for state hearings. Only you may call.

I want a county conference and a state hearing on this action.

I want a state hearing only.

I want a hearing.

Signature	Date	Telephone Number
-----------	------	------------------