

Ohio Department of Medicaid
ELIGIBILITY INFORMATION WORKSHEET FOR NURSING HOME AND HOME & COMMUNITY BASED SERVICES (HCBS) WAIVERS

Instructions: This form must be completed by the Caseworker.

SECTION A - APPLICANT

Nursing Home / HCBS Waiver Applicant	
Application Date	Case Number
Is this person applying for a Home & Community Based Services Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B - GENERAL INFORMATION

(AEICI)

Where is the applicant currently living? <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home		
Name of Nursing Home		
Street		
City	State	Zip Code
Phone Number		
Home Address		
Has applicant applied for or received benefits before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status	<input type="checkbox"/> Never Married <input type="checkbox"/> Married Date: _____ <input type="checkbox"/> Separated Date: _____ <input type="checkbox"/> Divorced Date: _____ <input type="checkbox"/> Widowed Date: _____	

SECTION C - SPOUSE

Name of Spouse		
Street Address		
City	State	Zip Code
Phone Number	Does spouse live in the community? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION D - NURSING HOME INFORMATION**(AEINH)**

Does the individual have family members who lived with him/her immediately prior to nursing home admission? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the CS want a Monthly Income Allowance (MIA)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the IS provide the MIA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do the family members want an FA? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will CS cooperate with resource transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Resource Transfer Begin Date
Resource Transfer End Date
Is there a 3 month SSI / RSS exemption? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the applicant is married or separated please enter the date of the first period of continuous institutionalization beginning on or after January 1, 1990: (Note: If you answer this question, please go to Section E.)
Resource Assessment Begin Date
Resource Assessment End Date
Court Ordered Resource Amount
Effective Date of Court Order
Court Ordered Income Amount
Family's Name and Address
Out of Institutional Expenses (<i>Month of Admission</i>)
Name of Long Term Care Facility / Mental Institution
Admission Date
Discharge Date

SECTION E - RESOURCE ASSESSMENT

If you entered a date for continuous institutionalization in Section D, this “snap shot” resource assessment will need to be completed. List below the combined countable resources owned by the couple and the value of the resources as of the **first** period of institutionalization which began _____

“SNAP SHOT” OF SITUATION ON ABOVE DATE

(AERRQ)

Does anyone in your household have any of the following assets?

	YES	NO		YES	NO
Dividends & Interest	<input type="checkbox"/>	<input type="checkbox"/>	Mortgage	<input type="checkbox"/>	<input type="checkbox"/>
Cash	<input type="checkbox"/>	<input type="checkbox"/>	Tax Shelter Account	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	Cemetery Lots	<input type="checkbox"/>	<input type="checkbox"/>
Savings Certificates	<input type="checkbox"/>	<input type="checkbox"/>	IRA	<input type="checkbox"/>	<input type="checkbox"/>
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	Keogh Plan	<input type="checkbox"/>	<input type="checkbox"/>
Trust Fund / Estate	<input type="checkbox"/>	<input type="checkbox"/>	Credit Union	<input type="checkbox"/>	<input type="checkbox"/>
Stocks & Bonds	<input type="checkbox"/>	<input type="checkbox"/>	Christmas Club	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Burial Contract	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Irrevocable Burial Contract	<input type="checkbox"/>	<input type="checkbox"/>	Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>
Individual Development Account	<input type="checkbox"/>	<input type="checkbox"/>	Promissory Notes	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Does anyone in your household own/is buying a vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone own/is buying real/personal property including your home?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your household have a life insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your household have a Qualified Long-Term Care Partnership Policy (QLT CPP)?	<input type="checkbox"/>	<input type="checkbox"/>

TYPE OF RESOURCE	VALUE (as it was)	VR
Savings Accounts		
Checking Accounts		
Certificates of Deposit (CDs)		
Trust Fund / Estate		
Individual Retirement Accounts (IRAs)		
Keogh Plan		
Christmas Club		
Cash Value of Life Insurance Policies		
Stocks / Bonds		
Money Market Certificates		
Savings Certificates		
Revocable Burial Contracts		
Irrevocable Burial Contract		
Tax Shelter Accounts		
Countable Cemetery Lots		
Countable Real Property (home excluded)		
Countable Automobiles (one automobile is exempt)		
Additional Motor Vehicles (boat, camper, RV, truck, etc.)		

SECTION F - FAMILY MEMBERS (AEIID, AEIIA, AEIIM, AEISD, AEISA, AEIIP, AEIHH)

	Self	VR	Spouse	VR	Minor Child 1	VR	Minor Child 2	VR
Name								
DOB								
Sex								
Race								
SSN								
Primary Language								

	Self	VR	Spouse	VR	Minor Child 1	VR	Minor Child 2	VR
Emancipated via Court Order	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Foster Care/Adoption Asst Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Migrant Farm Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Attend School	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Graduated High School / GED	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Aged (65 or older), Blind, Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Due Date								
Healthcek	<input type="checkbox"/> Yes <input type="checkbox"/> No							

SECTION G - ALIEN / REFUGEE INFORMATION**(AEICZ)**

	Self	VR	Spouse	VR	Minor Child 1	VR	Minor Child 2	VR
Country of Origin								
Entry Date								
Alien Status								
Alien Registration #								
Document Date								
40 Qtrs								
Sponsor								

SECTION H - AGED, BLIND, DISABLED**(AEIDP)**

	Self	VR	Spouse	VR	Minor Child 1	VR	Minor Child 2	VR
Limiting Physical Factor (aged, blind, disabled)								
Illness / Disability								
Doctor / Clinic								
Name, Address								
Disability Begin Date								
Will disability exceed 30 Days?								
Receiving SSI?								
Is someone needed in the home to provide care?								
Is applicant currently active ORSC?								
Entitled to Medicare Part A								
QMB / SLMB option?								

SECTION I - HCBS WAIVER**(AEIWW)**

		VR
2399 Signature Date		
Originating Agency		
Agency Referred to		

SECTION J - ABSENT PARENT INFORMATION**(AEIAP to AEIGC)**

Name of Absent Parent		
Child With Absent parent		
Sex / Race		
Social Security Number		
Address		
Phone Number		
Employer		
Marital Status		
Paternity Established, Date?		
AP Signed Certificate		
PCSA 180 Day		
Absent Parent's Relationship to Other		
Reason for Absence		
Divorced, Date		
Absence Date		
Ct. Ordered Child Support		
Ct. Ordered Med. Support		

SECTION K - CURRENT SITUATION

(AERRQ)

	YES	NO
Does anyone in your household own / is buying a vehicle?	<input type="checkbox"/>	<input type="checkbox"/>

Does anyone in your household have any of the following assets?

	YES	NO		YES	NO
Dividends & Interest	<input type="checkbox"/>	<input type="checkbox"/>	Mortgage	<input type="checkbox"/>	<input type="checkbox"/>
Cash	<input type="checkbox"/>	<input type="checkbox"/>	Tax Shelter Account	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	Cemetery Lots	<input type="checkbox"/>	<input type="checkbox"/>
Savings Certificates	<input type="checkbox"/>	<input type="checkbox"/>	IRA	<input type="checkbox"/>	<input type="checkbox"/>
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	Keogh Plan	<input type="checkbox"/>	<input type="checkbox"/>
Trust Fund / Estate	<input type="checkbox"/>	<input type="checkbox"/>	Credit Union	<input type="checkbox"/>	<input type="checkbox"/>
Stocks & Bonds	<input type="checkbox"/>	<input type="checkbox"/>	Christmas Club	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Burial Contract	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Irrevocable Burial Contract	<input type="checkbox"/>	<input type="checkbox"/>	Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>
Individual Development Account	<input type="checkbox"/>	<input type="checkbox"/>	Promissory Notes	<input type="checkbox"/>	<input type="checkbox"/>
Annuity	<input type="checkbox"/>	<input type="checkbox"/>	Loan	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your household own a life estate interest in real property?				<input type="checkbox"/>	<input type="checkbox"/>
Does anyone own/is buying real/personal property including your home?				<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in your household have a life insurance policy?				<input type="checkbox"/>	<input type="checkbox"/>
Has anyone in your household received a lump sum in the last 12 months?				<input type="checkbox"/>	<input type="checkbox"/>
Has anyone transferred, sold or given away real property or any other resources within the last five years?				<input type="checkbox"/>	<input type="checkbox"/>
Has anyone purchased a Loan/Promissory Note/Mortgage?				<input type="checkbox"/>	<input type="checkbox"/>
Does anyone have a Qualified Long-Term Care Partnership Policy (QLTCCP)?				<input type="checkbox"/>	<input type="checkbox"/>
Has anyone paid an entrance fee?				<input type="checkbox"/>	<input type="checkbox"/>

SECTION L - VEHICLES

(AERVH)

	VR	VR	VR	VR
Owner's Name				
Type of Vehicle				
Make				
Model				
Year				
Usage				
Available?				
Joint Owner				
% Owed				
Market Value				
Amount Owed				
Owed to Whom?				
Equity Value				

SECTION M - LIQUID ASSETS

(AERLA)

Types: Dividends and Interest, Cash, Savings Account, Savings Certificates, Checking Account, Trust Fund/Estate, Stocks and Bonds, Revocable Burial Contract, Irrevocable Burial Contract, Promissory Notes, Mortgage, Tax Shelter Account, Cemetery Lots, IRA, Keogh Plan, Credit Union, Christmas Club, Other, Mutual Funds

Owner	Asset Type	Account #	Total Amount	Available?	Begin Date	End Date	Joint % With	VR
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION N - REAL / PERSONAL PROPERTY

(AERRP)

	VR		VR		VR		VR	
Owner's Name								
Type of Property								
Address								
Primary Residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Begin Date								
End Date								
Joint % With	%		%		%		%	
Market Value								
Amount Owed								
Equity Loan / Date								
Owed to Whom?								
Income Producing? (excludes room/board)	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Income Amount, Expenses, Self-Manage? Hours /Month Furnished, Heat, Utilities?								
Life Estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Is this property for sale at a reasonable price?								

SECTION O - LIFE INSURANCE

(AERLI)

	VR		VR		VR		VR	
Owner's Name								
Type of Insurance								
Name & Address of Insurer								
Is the policy available?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Jointly Owned?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Owned With								
% Owned		%		%		%		%
Policy Number								
Start Date								
Face Value								
Cash Value								
Policy Loan								
Net Cash Value								
QLTCPP								

SECTION P - LUMP SUM (Past 12 Months)

(AERLS, AEFTX)

	VR		VR		VR		VR	
Owner's Name								
Date Received								
Amount								
Lump Sum Type								
Personal Injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Wrongful Death?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Offsetting Expenses: Amount / Type								

SECTION Q - RESOURCES TRANSFERS

(AERTT)

	VR	VR	VR	VR
Owner's Name				
Resource Transferred				
Date Transferred				
Value				
% Joint Owned	%	%	%	%
Transferred To: (Name)				
Amount				
Reason				

SECTION R - EMPLOYMENT

(AEIEI)

	VR	VR	VR	VR
Family Member				
Begin Date of Employment				
End Date of Employment				
Primary Wage Earner	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer's Name, Address, Phone				
Job Title				
Day Paid				
Weekly Hours Worked (or ABAWD)				
Pay Frequency				
EITC				
Garnishment				
Excluded Income				
Reason for Leaving / Good Cause				
Strike Start / End Date				

SECTION S - SELF-EMPLOYMENT

(AEISE)

	VR		VR		VR		VR	
Family Member								
Job Title								
Begin Date of Employment								
End Date of Employment								
Farm	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Weekly Hours								
Hourly Rate								
Reason for Leaving / Good Cause								
Primary Wage Earner?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Deductions (BWE, IRWE, Etc.)								
Proceeds/Expenses /Earnings: Amount Type Month								

SECTION T - UNEARNED INCOME / APPLICATION

(AEFMI, AEFBA)

Types: Alimony, Black Lung Benefits, Child Support, Company/Private Retirement, Disability/Sick Benefits, Dividends, Estate/Trust Funds, Interest Income, Money from Another Person, Public Retirement, Railroad Retirement, Social Security RSDI, Stipends, Supp Security Inc SSI, Training Allowances, Unemployment Comp, Union Funds/Pensions, Veteran’s Benefits, Worker’s Comp, Other Sources

	VR		VR		VR		VR	
Family Member								
Type								
Begin Date								
End Date								
Monthly Amount								
Claim Number								

SECTION U - ROOM AND BOARD

(AEFRE)

Receives Money for Room & Board

		VR		VR		VR		VR
Family Member								
Begin Date								
End Date								
Provides Meals and/or Room?								
Monthly Income								
Monthly Expenses								

Pay for Room & Board

		VR		VR		VR		VR
Family Member								
Begin Date								
End Date								
Number of Meals Per Day								
Pays for Room?								
Pays for Cooking Facility?								
Monthly Expenses								
Reasonable Compensation Paid for Room & Board?								

SECTION V - MEDICAL EXPENSES

(AEFME)

		VR		VR		VR		VR
Family Member								
Begin Date								
End Date								
Type								
Total Amount Billed								
Client Liability Amount								
Care Date of Service								

SECTION W - MEDICAL COVERAGE

(AEFMC)

	VR	VR	VR	VR
Family Member				
Begin Date				
End Date				
Insurance Type				
Policy / Health Insurance Claim #				
Premium Amount				
Paid by Whom?				
Name of Insurer				
What is covered?				

SECTION X - DEPENDENT CARE EXPENSES

(AEFDE)

	VR	VR	VR	VR
Family Member				
Begin Date				
End Date				
Vendor Payment?				
Provider Name, Address, Phone #				
Family Fee				
Paid For: (list names)				

SECTION Y - DEPENDENT CARE PAYMENTS

(AEFDC)

	VR	VR	VR	VR
Family Member				
Begin Date				
End Date				
Relationship				
Monthly Amount				
Dependent Name(s) Address(es)				

SECTION Z - SHELTER COSTS

(AEFSC)

Type: Rent, Mortgage, Property Tax, Homeowner's Insurance

Who Pays?	Type of Cost	Begin Date	End Date	Amount Paid	VR

SECTION AA - UTILITY COSTS

(AEFUC)

Type: Gas, Electricity, Coal/Wood, Fuel Oil or Kerosene, Trash Removal, Water/Sewer, Telephone, Other

Who Pays?	Utility Type	Begin Date	End Date	Monthly Amount Paid	SUA?	VR

SECTION BB - SHELTER / UTILITY ASSISTANCE

(AEFSU)

Type: Rent, Property Tax, Gas, Coal/Wood, Trash Removal, Telephone, Mortgage, Homeowner’s Insurance, Electricity, Fuel Oil or Kerosene, Water/Sewer, Other

Assistance Type	Begin Date	End Date	GA/ADC/MA Exempt?	FS Exempt?	Monthly Amount	Provider Name	VR
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Public Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No							

SECTION CC - EXPECTED CHANGES

(AEFEC)

Family Member				
Expected Date of Change				
Expected Change				

Authorized Representative

(AEFAR)

Name	ID VR	Apply?	Receive?	Use?	Primary Language	Address and Telephone
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

AG Payee Voice Password

(SCVP)

AG Name	Mother's Maiden Name	Child's Name	Eye Color	Password DOB

Notes:

Signature

- I understand the questions on this form and the penalty for hiding, giving false information, or breaking any of the rules. Refer to “Your Rights and Responsibilities” handout we gave you that lists the penalty warnings.
- I received a copy of, and I have read, my rights and responsibilities, or they have been read to me, and I understand them. I agree to fulfill my responsibilities described. I agree to provide proof if such proof is asked for. I give my consent to the agency to make whatever contacts are necessary to determine my eligibility for assistance and to verify information I have given in my application. I understand that my application will be considered without regard to race, color, national origin, sex, age, disability, religion or political beliefs.
- I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member applying for benefits.
- I understand and agree to provide documents to prove what I have said.
- I understand and agree that the CDJFS may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits.
- I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine my eligibility.

Signature of Applicant or Authorized Representative	If Authorized Representative, Relationship to Applicant	Date
Signature of Caseworker Who Completed Form		Date

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