

### Long-Term Care Change In Need Resource Checklist

Resources	No	Yes	Amount	
Checking account?				Copy of Bank/Credit Union Statements
Savings account?				Copy of Bank/Credit Union Statements
Retirement accounts ( Deferred Compensation, IRA and/or Keogh)?				Copy of Financial Statement
Life insurance policies?				Copy of Policy and current Statement identifying Face Value and current Cash Value
Stocks, bonds or certificates of deposits (CDs)?				Copy of Stocks, Bonds, Certificates <b>OR</b> 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 residing in the
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 within the past 36 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 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 or will give regarding my determination for Medicaid coverage for all care and services is correct.</p>				
_____ Recipient/Representative Signature	_____ Date Signed	_____ Spouse/Representative Signature	_____ Date Signed	