

WISCONSIN VETERANS HOME AT KING - MEDICAID REVIEW

GENERAL INFORMATION

Eligibility ending: _____

Name _____ Case # _____ Daily Rate \$ _____

Married Y N

INCOME

Check yes or no for each income source listed below. List the gross income amount you receive each month for each of the following. If married, review spouse's income on CAF and make changes if necessary, and attach this form to the CAF.

Type of Income	Amount	CFCU	Type of Income	Amount	CFCU
<input type="checkbox"/> Y <input type="checkbox"/> N Income from a job (including work therapy)	\$ _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Social Security	\$ _____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Veterans	\$ _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Retirement	\$ _____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Self-Employment	\$ _____	_____			
<input type="checkbox"/> Y <input type="checkbox"/> N Other (Type) _____				\$ _____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Other (Type) _____				\$ _____	_____

ASSETS

Check yes or no for each asset below. Write in the value and, if jointly owned, the name of the joint owner.

Liquid Assets	Value	CFCU	Liquid Assets	Value	CFCU
<input type="checkbox"/> Y <input type="checkbox"/> N Cash	\$ _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Savings Account	\$ _____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Checking Acct	\$ _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N Real Property	\$ _____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Life Insurance (Cash value)	\$ _____	\$ _____ (Face Value)	<input type="checkbox"/> Y <input type="checkbox"/> N Life Insurance (Cash value)	\$ _____	\$ _____ (Face value)
<input type="checkbox"/> Y <input type="checkbox"/> N Other: _____				\$ _____	

Burial Assets	Value	Burial Assets	Value
<input type="checkbox"/> Y <input type="checkbox"/> N Burial Insurance	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N Casket	\$ _____
<input type="checkbox"/> Y <input type="checkbox"/> N Irrevocable Burial Trust	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N Vault	\$ _____
<input type="checkbox"/> Y <input type="checkbox"/> N Other: _____	\$ _____		

Vehicle – List all vehicle(s) owned.

Year _____ Make _____ Model _____ Amount Owed \$ _____ Value \$ _____
 Year _____ Make _____ Model _____ Amount Owed \$ _____ Value \$ _____

EXPENSES

Court-ordered Fees

Do you make any support payments for persons living in another household **or** are you required by the court to pay guardian or attorney fees?

Y N Type _____ Amount \$ _____

Medical Insurance

Do you have any private health insurance coverage? Y N If yes complete the following.

Premium Amount \$ _____ How Often Paid _____

Resources/Assets

Have you sold or given away any income or assets or put funds in a trust in the last 12 months? Y N

If yes, please describe _____

Signature

By signing this form, you certify you understand the questions and statements on this application form. You understand the penalties for giving false information or breaking the rules. You certify, under penalty of perjury and false swearing, that all your answers are correct and complete to the best of your knowledge. You understand and agree to provide documents to prove what you have said. You understand that the Medicaid office may contact other persons or organizations to obtain the necessary proof of your eligibility and level of benefits.

X _____
SIGNATURE – Applicant/Representative/Guardian/Power of Attorney/Conservator Date Signed

.....
Spouse Information

If recipient is married, please review the copy of the CAF with spouse, indicate changes and be sure CAF is then signed by the spouse.