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| **DEPARTMENT OF HEALTH SERVICES**Division of Medicaid ServicesF-20919D (01/2017) | **STATE OF WISCONSIN**Wis. Stat. 46.27(6u)(d);49.453 and 49.4742 CFR 441 |
| **DECLARATION REGARDING TRANSFER OF RESOURCES****LONG-TERM CARE MEDICAID WAIVER PROGRAM AND / OR COMMUNITY OPTIONS PROGRAM** |
| Completion of this form is mandatory per Wis. Stat. 46.27(6u)(d); 49.453 and 49.47; and the Federal Deficit Reduction Act of 2005. Prohibited divestments are a bar to the Community Options Program and to the Medicaid Home and Community Based Waiver eligibility; therefore, applicants/ participants must complete this form so the caseworker can ascertain whether or not they are eligible. |

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| **Care Manager / Support and Service Coordinator:** |
| Complete this form at application or at review and send it to your Income Maintenance Worker for an evaluation of a possible divestment when a Community Options Program and / or Group A (SSI, SSI-E, Katie Beckett) Medicaid Waiver participant / applicant answers "Yes" to one or more of the questions below. |
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| Name - Applicant / Participant: |       |  |
|  |  |
| Participant’s Medicaid Number: |       |  |
|  |  |
| **Yes** | **No** |  |  |
| [ ]  | [ ]  | 1. | Have you or your spouse sold, traded, transferred or given away property, land, stocks, bonds, cash, vehicles, or anything of value in the past **60 months**? If yes, specify the date of the purchase, the value of the life interest, and the seller’s relationship to the applicant/participant. |
|  |
|  | Date of Transfer | Item(s) Transferred | Approximate Value | Name of Person to Whom Property was Transferred and Relationship to Applicant / Participant |
|  |       | 1. |       |       |       |
|  |       | 2. |       |       |  |
|  |       | 3. |       |       |  |
|  |       | 4. |       |       |  |
|  |       | 5. |       |       |  |
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| **Yes** | **No** |  |  |
| [ ]  | [ ]  | 2. | Have you or your spouse purchased a life interest in another individual’s home?If yes, specify the date of the purchase, the value of the life interest, and the seller’s relationship to the applicant/participant. |
|  |
|  | Date of Life Interest Purchase | Approximate Value | Name of Person from Whom Life Interest was Purchased & Relationship to Applicant / Participant |
|  | 1. |       |       |       |
|  | 2. |       |       |       |
|  |
| **Yes** | **No** |  |  |
| [ ]  | [ ]  | 3. | Have you or your spouse purchased a promissory note(s), a loan(s), or a mortgage(s)?If yes, specify the date of the purchase, the value of the note(s), loan(s), or mortgage(s), and the seller’s relationship to the applicant/participant. |
|  |
|  | Date of Purchase | Approximate Value | Name of Person from Whom Note, Loan or Mortgage was Purchased & Relationship to Applicant / Participant |
|  | 1. |       |       |       |
|  | 2. |       |       |       |
|  | 3. |       |       |       |
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| **Yes** | **No** |  |  |
| [ ]  | [ ]  | 4. | Have you or your spouse purchased an annuity?If yes, specify the date of the purchase, the value of the annuity and the seller’s relationship to the applicant/participant. |
|  |
|  | Date of Purchase | Approximate Value | Name of Person from Whom the Annuity was Purchased & Relationship to Applicant / Participant |
|  | 1. |       |       |       |
|  | 2. |       |       |       |
|  | 3. |       |       |       |
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| **Yes** | **No** |  |  |
| [ ]  | [ ]  | 5. | If you or your spouse own any annuities that were purchased prior to January 1, 2009, have any of the following transactions occurred after January 1, 2009, to that annuity?* Additions of principal
* Elective withdrawals
* Requests to change the distribution of the annuity
* Elections to annuitize the contract
* A change in ownership

If yes, specify the date, transaction, amount(s), and the seller’s relationship to the applicant/participant. |
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|  | Date of Transaction | Type of Transaction | Value of the Transaction |
|  | 1. |       |       |       |
|  | 2. |       |       |       |
|  | 3. |       |       |       |
|  |
| **Yes** | **No** |  |  |
| [ ]  | [ ]  | 6. | Have you or your spouse created a trust or added funds to a trust **within the last five years?** If yes, specify the date, transaction, amount(s), and the seller’s relationship to the applicant/participant. |
|  |
|  | Date of Transaction | Type of Trust Established(if funds were added to trust, so indicate) | Approximate Value |
|  | 1. |       |       |       |
|  | 2. |       |       |       |
|  | 3. |       |       |       |
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|  | **SIGNATURE** - Participant |  | Date Signed |  |
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NOTE: If more space is needed, use additional forms ([F-20919D](https://www.dhs.wisconsin.gov/library/F-20919D.htm)).