



HOME AND COMMUNITY SERVICES

Community Resource Declaration

Complete this form to request an evaluation of resources for you and your spouse.

FOR OFFICE USE ONLY
CLIENT ID NUMBER

NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
SPOUSE'S NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP CODE	HOME TELEPHONE NUMBER
MAILING ADDRESS IF DIFFERENT	CITY	STATE	ZIP CODE	
FACILITY NAME	FACILITY ADDRESS	CITY	STATE	ZIP CODE
				FACILITY ADMISSION DATE

List the value of all resources as of the first day of the month you were admitted to the medical facility. Include all resources owned jointly, separately, or with another person. Attach an additional sheet if there isn't enough space.

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TYPE OF RESOURCE	WHO OWNS THE RESOURCE (You, spouse, jointly)	LOCATION	ACCOUNT NUMBER	AMOUNT OR VALUE (Attach proof)	COUNTABLE RESOURCE VALUE	HOW VERIFIED?
Cash on hand						
Checking Account						
Checking Account						
Checking Account						
Savings Account						
Savings Account						
Savings Account						
Credit Union Account						
Credit Union Account						
CD or Money Market						
Trusts						
Annuities						

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TYPE OF RESOURCE	WHO OWNS THE RESOURCE (You, spouse, jointly)	LOCATION	ACCOUNT NUMBER	AMOUNT OR VALUE (Attach proof)	COUNTABLE RESOURCE VALUE	HOW VERIFIED?
Stocks, bonds, or mutual funds						
Retirement funds or IRA						
Property on which you live						
Property on which you do not live						
Sales contracts						
Life Insurance						
Burial funds or policies						
Vehicles						
Vehicles						
List Other Resources						
* Your spousal share is half of the countable resources you and your spouse own or have an interest in.					TOTAL VALUE	*SPOUSAL SHARE
I declare under penalty of perjury the information I gave in this declaration is true and complete.						
CLIENT'S SIGNATURE		DATE	SPOUSE'S SIGNATURE			DATE
FINANCIAL SERVICES SPECIALIST SIGNATURE		DATE				