Iowa Department of Human Services

Resources Upon Entering a Medical Facility

This information is needed to determine the protection of resources for the spouse at home when the other spouse enters a medical facility and the stay is expected to last 30 days or more. This resource information is then used to determine if the spouse in the facility can qualify for Medicaid. HOWEVER, THIS FORM IS NOT AN APPLICATION FOR MEDICAID.

Identifying Information:

Name of spouse in medical facility		Social security number		Birthdate
Facility name			Telephone ( )	
Street	City		State	Zip code
Date of first entry into the facility (including entry into a hospital immediately before entering the facility named above)				
Name of spouse at home		Social security number	Telephone ( )	
Street	City	State	Zip code	Birthdate
Name of guardian or conservator of either spouse			Telephone ( )	
Street	City		State	Zip code

Resource Information:

List all the resources owned in whole or jointly by either spouse as of the first day of the month in which the spouse first entered a medical facility. (If the institutionalized spouse had other occurrences of being in a medical facility for 30 days or more, record the resources as of the first day of the month of the first occurrence). Please check yes or no for each spouse's response. If you check yes, complete the whole section. (*You will be asked to provide proof of your resources*.)

	SPOUSE IN FACILITY				SPOUSE AT HOME			
RESOURCE	Yes	No	Amount	Location	Yes	No	Amount	Location
Cash on hand								
Checking account								
Savings account								
Stocks or bonds								
Certificate of deposit								
Funeral contract or funeral funds								
Trust fund								
Safe deposit box (list contents)								
Contract for sale of real estate								
Other (list)								

1. Do you, your spouse, or your dependent relatives own any automobiles, recreational vehicles, or other vehicles?

❑ Yes ❑ No

Owner	Make/model	Year	Est. value
Owner	Make/model	Year	Est. value
Owner	Make/model	Year	Est. value

2. Do you or your spouse own a home? ❑ Yes ❑ No

If yes, in whose name is the property listed? _____

Who lives in the home? Name:_____ Relationship:_____

3. Do you or your spouse own real estate other than the homestead you live in? ❑ Yes ❑ No

In whose name is the property listed? _____

Please describe (building, lot or acreage, and location): _____

_____

_____ Market Value: $_____

Is there a mortgage against the property? ❑ Yes ❑ No Amount $_____

Does anyone live in the property? ❑ Yes ❑ No Is it rented? ❑ Yes ❑ No

4. Do you, your spouse, or your dependents own or have an interest in burial space or crypts? ❑ Yes ❑ No

If so, how many? _____

Who are they for? _____

Location: _____

5. Do you or your spouse have a life estate? ❑ Yes ❑ No Please describe:_____

_____

6. Please list all life insurance policies owned by you or your spouse (complete all information):

Person covered	Name of company	Policy number	Face value	Year purchased	Name of beneficiary

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that I assume full responsibility for the accuracy of the information on this form, and I understand that the Department of Human Services will use this information to determine if I qualify for assistance when I actually apply for Medicaid.

I understand the social security number of each spouse is used for a computer match with the Social Security Administration and the Internal Revenue Service to check income, resources and the identity of each spouse.

I understand that Iowa laws provide that anyone who obtains or attempts to obtain or who helps any person to obtain public assistance to which that person is not entitled is guilty of violating the laws of the State of Iowa, including, but not limited to Iowa Code Chapters 234, 239, 249, 249A and 712.

I am aware that Section 1128 of the Social Security Act provides federal penalties for fraudulent acts and false reporting.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature or mark of the applicant, legal guardian or payee	Date
Signature of the person, if any, who helped complete this form with the permission of the applicant	Date
Witness to mark of applicant, if applicant is unable to sign	Date

PLEASE RETURN THIS FORM TO YOUR COUNTY DHS OFFICE.
You will be given a copy of this form at your request.

You Have the Right to Appeal

What is an appeal?

An **appeal** is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal?

Filing an appeal is easy. You must appeal in writing by doing **one** of the following:

- Complete an appeal electronically at https://dhssecure.dhs.state.ia.us/forms/; **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the Department of Human Services, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal?

You must file an appeal:

- Within 30 calendar days of the date of a decision or
- Before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending?

You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal:

- Within 10 calendar days of the date of a decision or
- Before the date a decision goes into effect

Any benefits you get while your appeal is being decided may have to be paid back if the Department's action is correct.

How will I know if I get a hearing?

You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing?

You or someone else, such as a friend or relative can tell why you disagree with the Department's decision. You may also have a lawyer help you, but the Department will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, you can send a letter of complaint to:

Iowa Department of Human Services, Administrator, Diversity Program Unit, 1305 E. Walnut, Des Moines IA 50319-0114; phone (800) 972-2017; fax (515) 281-4243.