

To apply for Medicaid, a married applicant must provide information about his/her spouse (legal or common law), including those from whom the applicant has separated. This form is used to gather information on a Medicaid applicant's spouse (you), who was not included on the original application due to living situation or other separation. We need this information even if you are not applying or are ineligible for Medicaid. All of the rights and responsibilities on the original application are still in effect.

Please complete this form within 15 days with as much information as you have available. If you do not know certain information, you may leave those questions blank.

Name of person needing assistance (First, Middle, Last)	Household Number
----------------------------------------------------------------	-------------------------

Your name (First, Middle, Last)

I. Statement of Transfers

1. In the past five years have you: Yes No

Closed a Bank Account Closed an Investment Account Closed a Retirement Account
 Transferred Life-Estate Interest In Your Home or Any Other Property

If YES, fill in the following values, if known:

Accounts					
Account	Date Closed	Closing Balance	Account	Date Closed	Closing Balance
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

Life Estate Interest					
Property	Transfer Date	Appraised Value	Property	Transfer Date	Appraised Value
_____	_____	\$ _____	_____	_____	\$ _____

2. In the past five years have you sold or given away your home? Yes No

If YES, fill in the following, if known:

<u>Appraised Value</u>	<u>Sale Price</u>
\$ _____	\$ _____

3. In the past five years have you sold or given away other real estate? Yes No

If YES, fill in the following values, if known:

<u>Property</u>	<u>Appraised Value</u>	<u>Sale Price</u>	<u>Property</u>	<u>Appraised Value</u>	<u>Sale Price</u>
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
<u>Property</u>	<u>Appraised Value</u>	<u>Sale Price</u>			
_____	\$ _____	\$ _____	TOTAL	\$ _____	\$ _____

4. In the past five years have you sold or given away any motor vehicles, boats, or other recreational vehicle? Yes No

If YES, fill in the following values, if known:

<u>Vehicle</u>	<u>Appraised Value</u>	<u>Sale Price</u>	<u>Vehicle</u>	<u>Appraised Value</u>	<u>Sale Price</u>
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
<u>Vehicle</u>	<u>Appraised Value</u>	<u>Sale Price</u>			
_____	\$ _____	\$ _____	TOTAL	\$ _____	\$ _____

5. In the past five years have you given away cash? Yes No

If YES:

<u>Person to whom it was given</u>	<u>Date given</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

6. Do you receive or have you applied for any other income? Yes No

In addition to the income you listed on your application, do you have any of the following? If YES, check all boxes that apply and complete the table below.

- | | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Social Security benefits (RSDI) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Federal retirement (Civil Service, FERS) | <input type="checkbox"/> Money from friends or relatives |
| <input type="checkbox"/> Disability benefits | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Pension/retirement benefits | <input type="checkbox"/> Rental income |
| <input type="checkbox"/> Veterans Administration (VA) benefits | <input type="checkbox"/> Military allotment |
| <input type="checkbox"/> Unemployment benefits | <input type="checkbox"/> Worker's compensation |
| <input type="checkbox"/> Alimony | |
| <input type="checkbox"/> Land contract, mortgage or other notes payable to a household member | |
- (Please provide a copy of the contract, mortgage, note or other agreement)*

Person receiving/expecting money	Income source/type	How often received	Amount received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

7. Where do you live right now? Home Hospital Nursing Home Other

If not at home, tell us where:

Name of facility: _____

Date entered facility: _____

8. Where have you lived in the past five (5) years? Yes No

Street Address City County State From (date) To (date)

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. Have you ever worked somewhere that has a retirement benefit, military retirement or VA benefit for which you may be eligible to receive money? Yes No

If YES,

Where? _____

For how long? _____

10. Have you received an inheritance in the last five years?

If YES, from whom? _____ Yes No

Date of Death: _____ State/County where estate was probated _____

Additional Inheritance

If YES, from whom? _____

Date of Death: _____ State/County where estate was probated _____

11. Do you own any property? (Include property in other states.) If YES, check the boxes that apply and tell us about the property. Yes No

- Home (house, buildings and land where you live) Land (not connected to current home)
 Other House or Building (not your home) Vacation Home or Time Share Property

a. What is the address/location of the property?
(List home property first)

Owner's Name: _____

b. What is the address/location of other property?

Owner's Name: _____

Is 11-a your Home Property or Primary Residence where you currently live or where you want to return to live if you are living somewhere else? Yes No

12. Please check the box beside any of the items that you own or are buying. Include items that you may own with your spouse. Tell us about it in the table below.

- | | | |
|---------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Bank Checking Account | <input type="checkbox"/> Bank Savings Account | <input type="checkbox"/> Car, Truck, Van |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Motorcycle, Boat, Camper | <input type="checkbox"/> Annuity (provide a copy) |
| <input type="checkbox"/> Trust Fund or Trust Account | <input type="checkbox"/> Pre-Need Burial Contract | <input type="checkbox"/> Cash on Hand |
| <input type="checkbox"/> Money Set Aside for Burial | <input type="checkbox"/> Cemetery Burial Space | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> 401k, IRA, or Retirement Account | <input type="checkbox"/> Stocks, Bonds, Mutual Funds | |
| <input type="checkbox"/> Farm Machinery or Business Equipment | <input type="checkbox"/> DirectExpress Debit Card for SSA, SSI or other benefits | |
| <input type="checkbox"/> Other: _____ | | |

Owned by	Tell Us About the Asset Include the name of bank or funeral home and any account numbers or other information used to identify the asset.	Current Value or Balance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

I have read the contents of this form and the information contained herein is true, correct and complete. If I become aware that any information in this form is not true, correct or complete, I agree to notify Healthy Connections immediately.

Signature of Spouse (Your Signature)	Date

Mail to: SCDHHS-Central Mail
PO Box 100101
Columbia, SC 29202-3101

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

