

PROPERTY ASSESSMENT STATEMENT OF FACTS

1. Name of applicant or authorized representative by whom assessment is requested	Home telephone number ()	Work telephone number ()
Home address (number, street)	City	State ZIP code
Mailing address (if different from above) (number, street, P.O. Box number, etc.)	City	State ZIP code

2. Complete for person residing in a nursing home or medical institution receiving a nursing facility level of care.

Name (first, middle, last)	Social security number	Birth date (mm/dd/yy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home address (number, street)	City	State	ZIP code
Previous address (number, street)	City	State	ZIP code
Date entered nursing facility	Do you plan to return home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
Marital status <input type="checkbox"/> Married <input type="checkbox"/> Never married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common law <input type="checkbox"/> Widow/er			

3. Complete for "at home" (community) spouse.

Name (first, middle, last)	Social security number	Birth date (mm/dd/yy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home address (number, street)	City	State	ZIP code

4. A. Do you or any family member have any of the property/resources listed below? Check (✓) each item either "yes" or "no."

- Include all resources **owned, used, controlled, or held jointly** with or for another person(s).
- Include resources on which persons listed in 2 and 3 are named (even for convenience only).
- **The county will determine whether or not these resources count.**

	YES	NO		YES	NO
● Cash (on hand or elsewhere)			● Money market accounts		
● Uncashed check (on hand or elsewhere)			● Trust funds (whether or not available)		
● Savings accounts (children's and adult's)			● Notes, mortgages, trusts, deeds, contract of sales, etc.		
● Checking accounts (whether or not they are used)			● IRA or KEOGH plans		
● Credit union accounts			● Retirement funds (such as PERS) available if you stop work		
● Stocks or bonds			● Employee deferred compensation plans		
● Certificates of deposit			● Other (specify type)		

COUNTY USE ONLY

- Trust fund not court ordered
- Court petitioned
Date: _____
- Resources verified
Explain how:

If yes to any of the above, complete the section below.

Type of Resource	Owner	Account Number	Name and Address of Bank	Current Value
				\$
				\$
				\$
				\$

COUNTY USE ONLY

B. Have you or any member of your family closed or transferred a bank account during the past 30 months (2½ years)? Yes No
 If yes, complete information below:

Type of Account	Date Account(s) Closed or Transferred	Balance at Time of Closing or Transfer

LTC only:
 Adequate consideration
 Spenddown

5. Do you or any family member own life insurance? Yes No

Insurance Company	1. Person Insured	Face Value	Policy Number	Date Policy Issued	Current Cash Value
	2. Policy Owned By				
A.	1.	\$			\$
	2.				
B.	1.	\$			\$
	2.				
C.	1.	\$			\$
	2.				

Exempt Yes No CSV \$ _____
 Exempt Yes No CSV \$ _____
 Exempt Yes No CSV \$ _____
 Total CSV \$ _____

6. Do you or any family member own a burial plot, vault, or crypt? Yes No
 For use of immediate family? Yes No
 If yes, complete the following:

Description		Owned by
Current value \$	Amount owed \$	Location

7. Do you or any family member own a burial reserve or trust? Yes No
 If yes, complete the following:

Purchase price \$	Amount owed \$	Purchase price \$	Amount owed \$
FOR whom purchased		FROM whom purchased	

Revocable
 Irrevocable
 Current value: \$ _____

8. List all vehicle(s) (even if not running) owned by you or your family. If none, state "None."

Name and Model	Year	Class (Registration)	Owner	Amount Owed	Used for Transportation	
					Yes	No

List exempt vehicle:
 Verification of nonexempt vehicles

9. Do you or any family member own boats, campers (do not include trucks), motor homes, mobile homes, or trailers that are not used as home and are not taxed as real property by the county? Yes No

Description	Year	Class (Registration)	Owner	Purchase Price	Only Mode of Transportation	
					Yes	No
				\$		
				\$		
				\$		
				\$		
				\$		

Verification of personal property

NOTE: If you think the value of the items above based on Department of Motor Vehicles registration tables will be too high, you may provide three appraisals of the actual value, and the average will be used.

10. Do you or any family member own business equipment, vehicles, tools, inventory, or materials (including livestock or poultry not for personal use)? Yes No
 If yes, list:

COUNTY USE ONLY

Description	Estimated Value	Amount Owed
	\$	\$
	\$	\$
	\$	\$

11. Are you or any family member buying or the owner of any land and/or buildings in which you do not now live? (Be sure to include property in any state or country and all land you own, have title to, or share title in.) For example: lots, houses, trailers, apartments, mobile homes which are taxed as real property by the county, etc. Yes No
 If yes:

Verification of "Good Cause" for utilization of property

Verification of income and expenses (list):

Address of other property (number, street) City State ZIP code

Description of property Name of owner

Does anyone live there now? Yes No If yes, who lives there now? What is their relation to you? How long have they lived there?

Do you plan to return to that property to live? (If you later change your mind, you must notify the county within 10 days.) Yes No

Is the property currently listed for sale? Yes No Full value (from tax statement) \$ Amount owed \$ Rent collected each month \$

Expenses on Property

Interest \$ Yearly Monthly Insurance \$ Yearly Monthly Utilities \$ Yearly Monthly Taxes and assessments \$ Yearly Monthly Upkeep and repairs \$ Yearly Monthly

12. Do you or any family member have a Life Estate interest (Right to the Use Of) in any property? Yes No
 If yes, what is the address?

Revocable
 Irrevocable

Address (number, street) City State ZIP code

Do you or any family member have an income interest in a Life Estate? Yes No
 If yes, is the Life Estate producing income? Yes No

How much received? \$ How often?

13. Have you or any family member transferred, sold, or given away any property (including money) during the past 30 months (2½ years)? Yes No
 If yes, list:

LTC ONLY:
 Adequate consideration
 Spenddown

Description of Item	Date of Sale, Transfer, or Gift	Value	Amount Received
		\$	\$
		\$	\$

14. Have you received money from insurance or court settlements, inheritance, lottery, or back pay in the past 30 months (2½ years)? Yes No
 If yes, list:

LTC ONLY:
 Adequate consideration
 Spenddown

Source	Date Received	Amount
		\$
		\$
		\$

15. A. Have you or any family member encumbered property or made a payment for health care service you received or will receive during a period for which you are asking for Medi-Cal benefits? Yes No
 B. Has a lien been recorded against your property or the property of a family member as security for health care services received or to be received during a period for which you are asking for Medi-Cal benefits?
 C. If yes to A or B, complete below: Yes No

Payment or lien used to bring property within property limits

Yes No

If yes:

Notice to provider

Amount of payment/encumbrance or lien \$ Encumbrance or payment made to or lien recorded by Date and type of medical care received or to be received

PRIVACY STATEMENT

- **Medi-Cal Confidentiality Notice:** The information given in this application is private and confidential under Welfare and Institutions Code, Section 14100.2. This information will be disclosed only in accordance with those laws.
- **Medi-Cal Privacy Notice:** This information may be shared with federal, state, and local agencies for purposes of verifying eligibility and for other purposes related to the administration of the Medi-Cal program, including confirmation with the INS of the immigration status of only those persons seeking full scope Medi-Cal benefits. (Federal law says the INS cannot use the information for anything else except cases of fraud.)
- **Information required by this form is mandatory,** with the exception of ethnicity information, and any other item marked voluntary or optional.