

SECTION 1—GENERAL INFORMATION

APPLICATION

RECERTIFICATION

Client		App./Client No.	Category	Type Prog.
Spouse Name		App./Client No.	Category	Type Prog.
Type Case <input type="checkbox"/> Individual <input type="checkbox"/> Companion <input type="checkbox"/> Couple		Living With Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse Receiving SSI <input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Contact <input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ If Yes, Interview Date		Name of Person Interviewed		Relationship
Authorized Representative (if different)			Telephone No.	
Form H1200 Properly Signed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Completed By		Signed By

SECTION 2—APPLICATIONS ONLY

	YES	NO	N/A	DOCUMENTATION	
A. Age Established	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified by: <input type="checkbox"/> WTPY <input type="checkbox"/> SDX <input type="checkbox"/> SSA
	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Disability/Blindness?	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WTPY <input type="checkbox"/> Form H3035 Date of Onset: Client <input type="text"/> Spouse <input type="text"/>
	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excused from Further Exam?	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Texas Resident?	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Statement on H1200 Accepted
	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. U.S. Citizen?	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Statement on H1200 Accepted Alien Registration No. Client <input type="text"/>
	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lawfully Admitted Alien?	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spouse <input type="text"/> <input type="checkbox"/> Statement on H1200 Accepted
	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Color of Law?	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified by SAVE? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. Medicare Enrollment—Part A	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified by: <input type="checkbox"/> WTPY <input type="checkbox"/> Card <input type="checkbox"/> Other
	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicare Enrollment—Part B	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified by: <input type="checkbox"/> WTPY <input type="checkbox"/> Card <input type="checkbox"/> Other
	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F. SSN/SSCN Verified?	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verified by: <input type="checkbox"/> WTPY <input type="checkbox"/> Card <input type="checkbox"/> SDX
	Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COMMENTS/LIVING ARRANGEMENTS

SECTION 3—FINANCIAL MANAGEMENT

- Checks deposited into client's bank account. Signature card is on file.
- Facility is payee for checks and money is managed through patient trust fund.
- Form H1256, Financial Management, filed under "Misc." Client DOES DOES NOT have access to AR's bank account. Signature card is on file.
- Other:

Address Checks are Mailed To		Person Handling Checks
Place Where Check is Cashied	Amt. of Cash Accumulated \$	Source of Information

SECTION 4—RESOURCES (as of 12:01 a.m., first day of month)

DOC.
FILED AMOUNT DOCUMENTATION

1. Checking Account

Account No.		Bank Name	
Deposits/Withdrawals Explained <input type="checkbox"/> Yes <input type="checkbox"/> No		Three Bank Statements Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No	
Verified by: <input type="checkbox"/> Form H1239 <input type="checkbox"/> Statement <input type="checkbox"/> Other			

1.	\$
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2. Savings Account

Account No.		Bank Name	
Deposits/Withdrawals Explained <input type="checkbox"/> Yes <input type="checkbox"/> No		Verified By: <input type="checkbox"/> Form H1239 <input type="checkbox"/> Statement <input type="checkbox"/> Other	

2.	\$
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3. CDs/MMAs/IRAs

Account No.		Bank Name	
Verified By: <input type="checkbox"/> Form H1239 <input type="checkbox"/> Statement <input type="checkbox"/> Other			

3.	\$
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4. Savings Bonds, Annuities, Stocks

4.	\$
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5. Closed Accounts

Account No.		Bank Name	
Closure Date	Closing Balance \$	Verification	

5.	\$
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6. Signature Authorization on Other Accounts

Account No.		Bank Name	
Refer to Joint Bank Account Form <input type="checkbox"/> Yes <input type="checkbox"/> No			

6.	\$
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7. Safe Deposit Box

Inventory <input type="checkbox"/> Yes <input type="checkbox"/> No		Bank Name	
Contents			

7.	\$
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8. Patient Trust Fund

Does NF Have PTFs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Client Have PTF? <input type="checkbox"/> Yes <input type="checkbox"/> No	Interest Bearing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date verified	Verified by	
Telephone No. ()	Title	

8.	\$
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9. Cash on Hand Statement Accepted

9.	\$
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10. Life Insurance Form H1238 Policy Form H1252

Company	Policy no.	TYPE (W or T)	Face Value	Cash Value	PART (Y or N)

10.	\$
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11. Burial Plots Paid in Full See H1246/Worksheet

Cemetery	No. of Spaces
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11.	\$
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SECTION 4—RESOURCES (as of 12:01 a.m., first day of month)

DOC. FILED AMOUNT DOCUMENTATION

12. Preneed Funeral Contract <input type="checkbox"/> See Worksheet <input type="checkbox"/> Irrevocable <table border="1" style="width:100%"> <tr> <td colspan="2">Seller</td> <td>Purchaser</td> </tr> <tr> <td>Face Value</td> <td>Refund Value</td> <td>Total of Excluded Burial Space Items</td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </table>			Seller		Purchaser	Face Value	Refund Value	Total of Excluded Burial Space Items	\$	\$	\$	12.	\$	
Seller		Purchaser												
Face Value	Refund Value	Total of Excluded Burial Space Items												
\$	\$	\$												
13. Promissory/Mortgage Notes <input type="checkbox"/> Negotiable <input type="checkbox"/> Non-neg.			13.	\$										
14. Trusts			14.	\$										
15. Autos, Recreational Vehicles			15.	\$										
16. Homestead <input type="checkbox"/> Form H1245 Check All That Apply <input type="checkbox"/> Client/Spouse/Dep. Living There <input type="checkbox"/> Occupied <input type="checkbox"/> Rented <input type="checkbox"/> Vacant <input type="checkbox"/> For Sale <input type="checkbox"/> Income Producing			16.	\$										
17. Life Estate/Remainder Interest <input type="checkbox"/> Form H1245			17.	\$										
18. Other Lands, Lots, Houses			18.	\$										
19. Oil, Gas, Mineral Surface Rights <input type="checkbox"/> Excluded; Essential to Self Support			19.	\$										
20. Livestock, Poultry <input type="checkbox"/> Excluded			20.	\$										
21. Work Equipment <input type="checkbox"/> Excluded; Business Property			21.	\$										
22. Retroactive Benefits			22.	\$										
23. Personal Property <input type="checkbox"/> Valued at \$500 or More			23.	\$										
24. Other			24.	\$										

REMINDER: USE ONLY THE CLIENT RESOURCES IN ITEM 25.

25. Client's Countable Resources	\$	Compare With QMB/ SLMB/QI Resource Limit	\$
26. Combined Countable Resources (Spousal Impoverishment)	\$		
27. (Subtract) Protected Resource Amount (if applicable)	\$		
28. Remainder	\$	Compare With MAO Resource Limit	\$

SECTION 5—TRANSFER OF ASSETS

Were assets transferred? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, see worksheet.

SECTION 6—EARNED INCOME

See Variable Income Worksheet

DOC. FILED	AMOUNT	
	Client	Spouse
	\$	\$

DOCUMENTATION

SECTION 7—UNEARNED INCOME

1. Social Security Verified By: WTPY Other

1.	\$	\$
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2. Supplemental Security Income Verified By: WTPY Other

2.	\$	\$
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3. Veterans Payments Verified By:

A & A	HB	Out of Pocket Med Expense Reimbursement
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Potential Entitlement

3.	\$	\$
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4. RR Retirement Verified By:

4.	\$	\$
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5. Civil Svc. Annuity Verified By:

5.	\$	\$
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6. Other Retirement Verified By:

6.	\$	\$
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7. Annuities, Amount from Insurance

7.	\$	\$
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8. Interest Income Verified By:

Schedule Monthly Quarterly Semi-Annually Annually

More than one source (refer to worksheet)

8.	\$	\$
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9. Dividend Income Verified By:

9.	\$	\$
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10. Rental Income

10.	\$	\$
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11. Oil, Gas, Mineral Royalties Verified By:

11.	\$	\$
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12. Farm Income Self-Employed Farm Lease

12.	\$	\$
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13. Support and Maintenance

13.	\$	\$
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14. Other (including stipends)

14.	\$	\$
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15. TOTAL INCOME (include Section 6—Earned Income)

15.	\$	\$
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SECTION 8—ONGOING TITLE XIX BUDGET

Federal Maximum Test—Type Program 14

THREE MONTHS PRIOR (MAO/SLMB/QI)

A. Total Income	\$
B. Exclusions	\$
C. Balance (A – B = C)	\$
D. Compare with: Federal Maximum	\$

Months	Client	Spouse
	\$	\$
	\$	\$
	\$	\$

Note: QIT Option discussed for denial due to excess income for Nursing Home Waiver applications/reviews (See MEPD Section F-6800)

Eligibility Test—All Type Programs

	QMB	OTHER TPs
A. Total Income	\$	\$
B. RSDI COLA Exclusion (TP03, 18, 22)*	\$	\$
C. Other Exclusions	\$	\$
D. Countable Income (A – B – C = D)	\$	\$
E. Compare with: Income Limit	\$	\$

* The RSDI COLA is excluded in determining QMB/SLMB eligibility for the months of January through February.

DOCUMENTATION:

SECTION 9—THIRD PARTY RESOURCES Is client paying for a health insurance policy? Yes No

Is private health insurance available? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, has Form H1039 been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Premium \$	How often paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually
Policy Name	Policy No.	Claims Address	

SECTION 10—APPLIED INCOME: – Type Program 14

COMMENTS/VERIFICATIONS

A. Client's Monthly Countable Income	\$
B. Eligible Spouse's Monthly Countable Income	\$
C. Exclusions	\$
D. Personal Needs Allowance (include Protected Earned Income Allowance)	\$
E. Remainder (A + B – C – D = E)	\$
F. Community Spouse's Monthly Income (not to exceed Spousal Inc. All. Max.)	\$
G. Subtotal (E + F =G)	\$
H. Spousal Needs Allowance	\$
I. Deduction for Dependent(s)	\$
J. SMIB Deduction (if not MQMB or MSLMB)	\$
K. Health Insurance Premium Deduction	\$
L. Other Incurred Medical Expenses	\$
M. Applied Income (G – H – I – J – K – L = M)	Client \$

\$	Federal Allowance
-\$	Dependent's Income
Remainder \$	Enter in Item 1 ÷3 = \$
For MQMB, buy-in effective (date)	Applied income after buy-in

Has applied income changed? Yes No

SECTION 11-ADDITIONAL INFORMATION (Applications)	CLIENT	SPOUSE	COMMENTS/VERIFICATIONS
A. Admission Date (3618/H0090-I)			
B. Date Form H1200 Received			
C. Medical Necessity/Level of Care			
D. Medical Effective Date			Reason:
E. QMB/MQMB, SLMB/MSLMB, or QI Effective Date			F H1201 Signature Date ← (QMB/MQMB effective date is first day of month following this date.)
F. 30-Consecutive Day Requirement Met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	How Verified?

SECTION 12-AGENCY ACTION

Is Restitution Applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments/Verification
Action Taken <input type="checkbox"/> Granted <input type="checkbox"/> Sustained <input type="checkbox"/> Denied <input type="checkbox"/> Applied Income Raised <input type="checkbox"/> Applied Income Lowered		Action Code
Are special reviews needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, check reason: <input type="checkbox"/> Variable Income <input type="checkbox"/> Resources within \$100 of Limit <input type="checkbox"/> Utilization of Benefits <input type="checkbox"/> Incurred Med. Expenses <input type="checkbox"/> Three Bank Statements <input type="checkbox"/> Other	
Form H4808 Date	H1000-A/B Transmittal Date	Forms Sent <input type="checkbox"/> H0090-I <input type="checkbox"/> H1207 <input type="checkbox"/> H1230 <input type="checkbox"/> H1232 <input type="checkbox"/> H1259 <input type="checkbox"/> H1350 <input type="checkbox"/> H2067 <input type="checkbox"/> H4808

ADDITIONAL DOCUMENTATION:

Special Review Date

Signature

Date