



# CONFIDENTIAL FINANCIAL ASSESSMENT

Please submit financial back up for your monthly income sources and the assets listed.

1. Monthly payment with **private funds**.

2. Long-term care insurance

Private long-term care insurance policies may have provisions for coverage of Assisted Living services.

Name of insurer \_\_\_\_\_ ID# \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

*We will request a copy of your policy*

3. Medicaid

The applicant or responsible party must make application with the Department of Human Services. Once approved, the resident makes a monthly payment to the facility as calculated by the Dept. of Human Services. Medicaid then makes a supplemental payment to the facility.

Status:

Currently receives community Medicaid. ID# \_\_\_\_\_

Application for assisted living Medicaid coverage made.

Date application filed \_\_\_\_\_

DHS Caseworker \_\_\_\_\_

## Monthly Income

Social Security \_\_\_\_\_ Pensions \_\_\_\_\_

Interest/dividends \_\_\_\_\_ Alimony \_\_\_\_\_

State Assistance \_\_\_\_\_ All other income \_\_\_\_\_

Total monthly income \_\_\_\_\_

## Assets

Bank Accounts \_\_\_\_\_ Real Estate (current market value) \_\_\_\_\_

Stocks, bonds & securities (current market value) \_\_\_\_\_

Other possessions of significant value \_\_\_\_\_

Insurance policies \_\_\_\_\_ Mortuary Trust \_\_\_\_\_

Total Assets \_\_\_\_\_

