



ADDITIONAL INCOME AND PROPERTY INFORMATION NEEDED FOR MEDI-CAL

We are still evaluating your Medi-Cal eligibility and need some additional information. Please answer the questions below for everyone who is part of your household. This includes you, your spouse, and children under 21 who live with you or anyone who is temporarily absent from your household, such as attending school or work or is hospitalized.

Case Name: _____

Case Number: _____

Worker's Name: _____

Worker's Phone Number: _____

Date Sent: _____

Return this Form By: _____

Additional Household Information Needed

The following additional information is needed. Answer only if the questions on this page apply to you or a member of your household.

- Please check here if you, or a member of your household, are legally married but currently living apart from the spouse.

If you checked the box, please list the name of the person in your household who is living apart from his or her spouse.

- Please check here if you or a member of the household is a step-parent.

If you checked this box, please list:

The name of the Step-parent: _____

This Step-parent's children: _____

- Please check here if a member of the household is a child who is being cared for by a relative, other than a parent, who also lives in the household.

If you checked this box, please list:

The name of the Caretaker Relative: _____

The children being cared for: _____

Tell Us About Your Income And Expenses

Tell us about your income and expenses for you, your spouse and any of your children under 21 years of age who are living in the home, or are temporarily absent from the home for reasons such as attending school or work or is hospitalized.

Income

Please check **Yes** or **No** if anyone in your household receives the type of income listed below.

Check a box for each income type.

- | | | |
|---------------------|------------------------------|-----------------------------|
| Disability Benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Veteran's Benefits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child Support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gifts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered **Yes** to any of the above, please send proof of that income with this form. Examples of documents that can be used include: letters or statements from the Social Security Administration, Veteran's Administration, Employment Development Department, court orders for child support, or other written documents that have specific information about the income.

Expenses

Please check **Yes** or **No** if anyone in your household may be paying the type of expense listed below.

Check a box for each expense type.

- | | | |
|-----------------------|------------------------------|-----------------------------|
| Child Support Paid | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Health Premiums | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medicare Premiums | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Childcare Expenses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adult Care Expenses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Educational Expenses | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered **Yes** to any of the above, please send proof of that expense with this form. Examples of documents that can be used include: court orders for child support, tuition statements, statements from Medicare or insurance company, invoices or receipts of payment, or other written documents that have specific information about the expense.

Tell Us About Your Property And Possessions

Please check **Yes** or **No** if anyone in your household has or owns this type of property.

A box must be checked for each item 1, 2 and 3 below.

SECTION 1

1. Cash or uncashed checks Yes No
If **Yes** list amount here \$ _____

2. Checking account or savings account Yes No
If **Yes**, send copies of account statements showing current balances.

3. Do you or a member of your household own more than one vehicle (cars, motorcycles, trucks)? Yes No

4. Do you or a member of your household own boats, recreational vehicles or trailers? Yes No
If you answered **Yes to question 3 or 4**, please send copies of the ownership documents or most recent registrations, purchase agreements, sales receipts, or estimates of value.

5. Please review the list of property below.

Check this box if any member of your household owns or is named in **one or more** of the following items.

Real estate other than the home you live in (houses, condominiums, buildings, mobile homes, life estates, time-shares), shares of stock, mutual funds, Individual Retirement Accounts (IRAs), Keoghs, or work-related pension funds, trusts, blocked accounts or agreements (where money or property is held for the benefit of any family member in the home), judgments, settlement agreements, orders for support, prenuptial or postnuptial agreements, promissory notes, mortgages or deeds of trust, business accounts, business property, oil and mineral rights, jewelry worth more than \$100.00 (but not wedding rings, engagement rings, or heirlooms), any other real or personal property, asset, or resource worth \$500 or more.

If you **DID** check the box, please go to **SECTION 2** (below).

If you did **NOT** check this box, go to **SECTION 3** on page 6.

SECTION 2

If you checked the box in **Number 5** above, please complete this section and **answer ALL questions**. Please provide written documentation with this form for any of the categories below to which you answer **Yes**. Examples of documents include: policies, contracts, trusts, purchase agreements, court orders, settlement agreements, financial statements, business tax returns, invoices, receipts, licenses, profit-and-loss statements, or other documents showing ownership or other legal interest.

6. Shares of Stock or Mutual Funds Yes No
If **Yes**, please send a copy of the statements, or stock or mutual fund certificates showing the number of shares

7. Individual Retirement Accounts (IRAs), Keoghs, Work-Related Pension Funds or retirement accounts, such as 401k or 457 accounts. Yes No
If **Yes**, please send the most recent statements from your employer, financial institution, or brokerage showing the amount of principal and interest you are receiving or the cash value of the account (after penalties for early withdrawal).

8. Annuities or Life Insurance Yes No

9. Burial Plots, Trusts, Burial Contracts or Burial Insurance Yes No

10. Trusts, blocked accounts or agreements (where money or property is held for the benefit of any family member in the home) Yes No

11. Judgments, settlement agreements, orders for support, prenuptial or postnuptial agreements Yes No

12. Promissory notes, mortgages, or deeds of trust Yes No
If you answered **Yes** to any of the **questions 6 through 12** (above), please provide copies of policies, contracts, trusts, purchase agreements, court orders, settlement agreements, or account documents showing payments, current market values, cash surrender values, balances, investments, and distributions.

13. Jewelry worth more than \$100.00 (but not wedding rings, engagement rings, or heirlooms). Yes No
If **Yes**, please send copies of sales receipts, appraisals, estimates of value or insurance documents.

14. Business Accounts and Property Yes No
If **Yes**, please send tax returns, invoices, receipts, licenses, profit-and-loss statements, or other documents showing ownership, income and/or expenses.

15. Do you currently own a house, condominium, multiple dwelling unit, ranch, land, mobile home, or life estate (right to the use of) in the property which is currently or was previously your home? Yes No
If **Yes**, do you live in the property now?

If **Yes**, write please write the address of the property here and go to **question 16**.

If you do not currently live in the property, did you live in it and do you hope to use it as your home someday in the future? Yes No

If you answered **Yes**, go to **question 16**.

If you answered **No**, does one or more of your family members, listed below, currently live in that property?

- Your spouse
- A child under 21
- A disabled son or daughter
- A dependent relative who is a tax dependent
- A sibling who also owns the property and who has lived there for at least a year before you went into a nursing home
- Another family member who has lived on the property for at least two years with you to care for you so that you could stay home immediately before you went into a nursing home

Yes No

If you answered **Yes**, go to **question 16**.

If you answered **No**, please send a copy of the most recent tax assessment, or an appraisal from a qualified real estate appraiser. We will use the lowest property value.

- 16.** Other real estate that you own but don't live in (e.g., condominiums, buildings, mobile homes, life estates, time-shares)

Yes No

If **Yes**, is any of the real estate producing income?

If **Yes**, please send copies of any rent receipts and bills for utilities, property taxes, insurance, maintenance and repairs.

- 17.** Oil and Mineral Rights

Yes No

If you answered **Yes** to **questions 15, 16 or 17**, please send copies of the mortgage papers, most recent tax assessment, registration, and ownership documents.

- 18.** Any other real or personal property, asset, or resource worth \$500 or more.

Yes No

If **Yes**, please send statements about the property and its worth.

- 19.** Have any of the items listed above in questions 2 through 18 been used to help finance or to guarantee payment for medical services?

Yes No

If **Yes**, please explain in the "Additional comments or information section" at the end of this form, and attach proof of the lien, loan or security documents.

Yes No

- 20.** Do you owe money on anything listed above in **questions 2 through 18**?

Yes No

If **Yes**, please send copies of the lien, loan, or security documents.

- 21.** Certified California Partnership for Long-Term Care Insurance Policy

Yes No

If **Yes**, please send a copy of your policy. If you have received benefits under the policy, please send a copy of your most recent benefit statement.

SECTION 3

Answer **questions 22-23** below **ONLY** if you or a member of your household is applying for or currently resides in long-term care or a nursing facility. If **Not**, go to the next page, read it and sign this form.

22. If you are receiving Medi-Cal now for nursing facility level of care, did you or any family member in the home sell or give away any money or property in the past 12 months? Yes No

If **Yes**, please explain in the “Additional Comments or Information” section at the end of this form, and attach proof.

23. If you are applying for Medi-Cal for nursing facility level of care, did you or your spouse:

- A. Sell or give away any money or property in the past 30 months (or 2 ½ years) Yes No

If **Yes**, please explain in the “Additional comments or information” section at the end of this form, and attach proof.

- B. Put money or property into a trust or other arrangement for the benefit of someone else in the past 30 months (or 2 ½ years) Yes No

If **Yes**, please explain in the “Additional Comments or Information” section at the end of this form, and attach proof.

- C. Take money or property out of a trust or other arrangement for the benefit of someone else in the last 30 months. Yes No

If **Yes**, please explain in the “Additional Comments or Information” section at the end of this form and attach proof.

Additional Comments or Information:

Please Read and Sign Below

When I sign below, it means that:

I declare under penalty of perjury under the laws of the State of California the following:

- I understand all the questions on this application, and my answers are true and correct to the best of my knowledge. If I did not know the answer, I tried to confirm the information with someone who did know the answer.
- I know that if I do not tell the truth, I may have civil or criminal penalties, including up to four years in jail.
- This is the law: California Penal Code Section 126
- I know that all information on this application will be used to decide whether individuals in my household who are applying for health coverage qualify. The information will be kept private as required by federal and California law.
- I agree to tell the county worker within 10 days (in person, over the phone, by email or by fax) if any of the information I've provided on this form changes or is different from what I have written.

Signature: _____ **Date:** _____
Signature of the applicant, responsible party or authorized representative