

INITIAL SERVICE PLAN

HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVER Nursing Home Transition and Diversion (NHTD)

Insurance, Resources and Funding Information Sheet

Date: _____

Applicant Name: _____ CIN: _____

Address: _____

Phone: (H): _____ (W): _____ (C): _____

1. Insurance Information

Other Health Insurance: Company Name: _____

Telephone: _____ Policy #: _____ Group #: _____

Medicare #: _____

☐ Medicare A Effective Date: ___/___/___

☐ Medicare B Effective Date: ___/___/___

☐ Medicare D Effective Date: ___/___/___

Name of Medicare D Prescription Plan: _____

Medicare Managed Care ☐ Yes ☐ No

Company Name: _____

Telephone: _____ ID #: _____

Supplemental Insurance Company Name: _____

Telephone: _____ Policy #: _____ Group #: _____

Other Prescription Plan: Company Name: _____

Telephone: _____ Policy #: _____ Group #: _____

Medicaid Spend-down Per Month \$ _____

Spend-down to be applied to ☐ LDSS **or** ☐ Service: _____

Medicaid Managed Care ☐ Yes ☐ No

Company Name: _____

Telephone: _____ ID #: _____

Veteran ☐ Yes ☐ No Receives services? ☐ No ☐ Yes (List) _____

Insurance and Resource/Funding Information Sheet (continued)

2. Resources and Funding

A. Income

Income Source	Amount	Denied/ Date	Will Apply Upon Enrollment	Who Will Assist With Application?
Social Security				
Social Security Disability Insurance				
Supplemental Security Income				
Veteran's Administration				
Public Assistance				
Supplemental Needs Trust				
Other Trust				
Worker's Compensation				

B. Federal, State and Private Funded Resources/Services

Funding Source	Amount	Denied/ Date	Type and Frequency of Service	Will Apply Upon Enrollment?	Who Will Assist With Application?
HUD/Section 8					
HEAP					
Food Stamps					
Crime Victims Funding					
VESID					
OMRDD					
Worker's Compensation					
No Fault Insurance					
Veteran's Administration					
Medicare					
Other Insurance:					
NHTD Housing Subsidy					
Other:					

Insurance and Resource/Funding Information Sheet (continued)

2. Resources and Funding (continued)

C. Housing Supplement	YES	NO
Low income housing tax credits		X
HOME dollars		X
CDBG funds		X
Housing choice vouchers (such as tenant based, project based, mainstream or homeownership vouchers)		X
Housing trust funds		X
Section 811		X
202 funds		X
USDA rural housing funds		X
Veterans Affairs housing funds		X
Funds for home modifications		X
Funds for assistive technology as it relates to housing		X
Other, specify:		X

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