MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES

Application For Medical Assistance For Long Term Care

This application is for help with Nursing Facility expenses, cost of nursing care in your home or cost of care in a Residential Care Facility.

I am asking for help with:
- ❒ Nursing Facility care
- ❒ Nursing care in my home
- ❒ Residential Care Facility

Return to:

"YOU" as used in this application means the person who needs Long Term Care.

Information about you				
Your Name (First, Middle, Last)	Social Security #	Birthdate (Mo, Da, Yr)	Age	
Mailing Address: Street, PO Box, RR or RFD (Include apartment number, care of, etc.)			U.S. Citizen No Yes	Sex M F
City	State	Zip Code	Telephone or Message Number	
Street, address and town where you actually live. Please give directions to your home. _____				
Race: White ❒ Black ❒ Hispanic ❒ Other ❒ _____				
Marital Status: Single ❒ Married ❒ Separated ❒ Divorced ❒ Widowed ❒				
Medicare number: Effective date:				
Do you have a disability? No ❒ Yes ❒ Do you receive SSI? No ❒ Yes ❒ Have you ever received SSI? No ❒ Yes ❒				

Information about your spouse:			
Spouse's Name (First, Middle, Last)	Social Security #	Birthdate	Sex M F
Medicare number: Effective date:			
Does your spouse live with you? → No ❒ Yes ❒ If no, list your spouse's mailing address:			
Date received:_____ **Date logged on**:_____ **45th day**:_____			

The asset questions on pages 2 and 3 are about you and your spouse.

- Cash not in bank
- Checking Account
- Credit Union Shares
- IRA, 401K, Keogh Accounts
- Savings Account
- Certificate of Deposit

Name(s) on Account	Type of Asset See Above	Name of Bank or Institution	Account Number	Current Balance or Value

If you need more space to list accounts, use a separate sheet and check here. → ❒

If you are presently in a Nursing Facility, or Residential Care Facility, do you have a **Patient Account**? No ❒ Yes ❒
What is the balance of your account?

Do you or your spouse have any **Stocks, Bonds, Profit Sharing, Annuities** or any type of **Trust Funds?** If yes, list here: No ❒ Yes ❒

Do your or your spouse have any **Life Insurance**? If yes, list below: No ❒ Yes ❒

Owner	Who is insured	Company name and address	Face value	Cash value

Do you or your spouse have a **Funeral Plan or Prepaid Burial**? No ❒ Yes ❒

Does your name or your spouse's name appear on **anyone else's** Bank Account, Savings Account, Checking Account, Credit Union Account, Stocks, Bonds, Money Market Certificates or any type of Property other than those already listed? No ❒ Yes ❒

Do you or your spouse have a **Safe Deposit Box**? No ❒ Yes ❒
Name of Bank:

Do you or your spouse have **Land, Buildings, Time Shares,** jointly held real estate or a life estate including where you live? No ❒ Yes ❒

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Please provide proof of all assets and income.

Do you or your spouse have, or jointly own, any cars, trucks, boats, campers, motorcycles, snowmobiles, ATVs, trailers, skidders, tractors, or other motorized vehicles? ❒ No ❒ Yes
If yes, list: below:

Year	Make	Model	Name(s) of owner(s)	Amount owed

Have you or your spouse disposed of any **Personal Property** or **Real Estate** or closed any **Savings, Checking**, or **any other Financial Accounts** in the last 36 months? This includes all things you may have given away or sold during the past 36 months. (Examples of things you may have owned: money, bank accounts, checking accounts, stocks, land, buildings, camps, automobiles, boats, campers, etc.) ❒ No ❒ Yes
If yes, list here:

Have you or your spouse recently received, or do either of you expect to receive in the near future, any payments such as **Retroactive Government Benefits, Compensation, Pay Raises, Law Suit Settlements, Inheritance**, etc? ❒ No ❒ Yes
If yes, list here:

These income questions are about you and your spouse.

- Alimony
- Social Security
- SSI
- Veteran's Benefit (List Claim #_____)
- Other Disability Income
- Military Allotment
- Worker's Compensation
- Railroad Retirement
- Other Pensions
- Civil Service Annuity
- Other Annuities
- Dividends or Interest
- Earnings -Wages
- Self-Employment
- Any Other Income

List Type See Above →	Your income				Your spouse's income			
Gross Amount →	$	$	$	$	$	$	$	$
How often received →								

Do you or your spouse receive rent money from property? → ❒ No ❒ Yes
Do you or your spouse receive money from someone who pays room and board? → ❒ No ❒ Yes
Do you or your spouse receive money from irregular income during the year? → ❒ No ❒ Yes

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If you are in a hospital or nursing facility and your spouse is living at home, please list your **spouse's shelter expenses**. (Do not include past due payments and Security Deposits.)

Lot Rent	$_____per____	Rent	$_____per____	Cooking Fuel	$_____per____
Mortgage	$_____per____	Heat	$_____per____	Water	$_____per____
Property Taxes	$_____per____	Telephone	$_____per____	Sewer	$_____per____
House Insurance	$_____per____	Electricity	$_____per____	Trash Collection	$_____per____

Is your heating cost included in your rent? ❒ No ❒ Yes
Does your mortgage include taxes and house insurance? ❒ No ❒ Yes
Does anyone else live in the household of your spouse? ❒ No ❒ Yes

Do you need help with any medical bills incurred within the last three months? ❒ No ❒ Yes

Which months? _____ **(send proof of income and assets for these months)**

Do you have any Medical Insurance? ❒ No ❒ Yes
Name of Insurance Company: _____ Premium $ _____How often paid? _____
Please provide the latest receipt for the premium paid.

If you are now or in the past 90 days been in a hospital, Nursing Facility, or Residential Care Facility please tell us about this.	Facility Name _____ Address _____ Date admitted _____ Date discharged _____	Facility Name _____ Address _____ Date admitted _____ Date discharged _____

Do you have a power of attorney, conservator or court ordered guardian? ❒ No ❒ Yes
Name: _____ Phone #: _____
Address: _____
Please provide a copy of the court order.

Is there someone who knows your financial situation whom you would like us to contact to help with this applicaton?
Person's name: _____ Relationship: _____
Address: Phone #:

If someone helped you fill out this form please write his or her name and phone number below:
Name: Phone #:

If MaineCare paid a bill for you, MaineCare has the right to collect for that bill from other medical support or medical insurance that you have.

If you get MaineCare and are age **55 or older**, the State will make a claim on your estate to recover the money that MaineCare has paid for your care. **No claim will be made if the only service you get is the Medicare Buy-In.** Some exceptions apply. (Call 1-800-321-5557 for more information)

I understand the questions on this form. I certify, under penalty of perjury, that all my answers are correct and complete as far as I know, including those concerning citizenship and alien status. I agree to give papers or other information to prove what I have said. I also agree that the Department of Health and Human Services and federal officials may check with other people to prove the information I give.

_____ _____
Signature Date

IMPORTANT INFORMATION ABOUT: FOOD STAMPS, TANF or PaS, & MAINECARE

ABOUT ALL PROGRAMS:

1. In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.
To file a complaint of discrimination, contact USDA or HHS. Write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD). Write HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202)619-0403 (voice) or (202)619-3257 (TDD). USDA and HHS are equal opportunity providers and employers.

Federal and State workers check the information you give us. If we find it is incorrect, you may be denied help and/or be prosecuted for giving information you know is not true to get benefits you should not get.

2. The Maine Department of Health and Human Services uses the Income and Eligibility Verification System which means we match information with the Maine Employment Security Commission, wages and retirement income, federal retirement and survivors benefits, Social Security and the IRS. This information is verified and may affect eligibility and level of benefits.

3. You must give Social Security numbers for each person applying for benefits. Failure to do so may result in a denial for that person. This does not apply to a child applying for MaineCare only.

4. You have the right to have someone else apply for you. Just tell us in writing that you want another adult to apply and sign the form for you. You will be responsible for anything that person writes on the form about your household that is not true.

5. You or your representative may ask for a hearing either verbally or in writing if you disagree with an action taken by the Department. Any person you choose may present your case at the hearing.

6. The Immigration and Naturalization Service may verify this information. Information provided by the Immigration and Naturalization Service may affect your household's eligibility and level of benefits. For each person who is not a U.S. Citizen, documentation from the Immigration and Naturalization Service or other documents to prove immigration status must be shown.

7. Within ten (10) days of the time it happens, you must tell the Department if:
   a. the income or assets change for anyone in your home...
   b. your residence or mailing address changes or your shelter costs change...
   c. anyone moves into or out of your home...***EXCEPTION***: Note the **5 day** reporting rule in item 1, ABOUT TANF or PaS ONLY.
   d. a household member starts or stops school or training.
   Exception: Food Stamp households will be given specific reporting requirements for their household.

ABOUT FOOD STAMPS ONLY:

1. If your household is only made up of SSI applicants or recipients, you may give your Food Stamp application or review at an office of the Social Security Administration.

2. Voluntarily reducing work hours to less than 30 hours a week or quitting a job may disqualify the individual from receiving Food Stamps. If any household member commits one of these violations, that person will not get Food Stamps. This will be until he/she cooperates and for one month (the first time), three months (the second time), or six months (the third time). There are good cause reasons that may allow the individual to receive Food Stamps.

3. Persons between the ages of 18 and 50 who do not live with a dependent child must be working at least 20 hours per week (averaged monthly) to receive Food Stamps. If the person is not working at least 20 hours per week or pregnant, medically certified unfit for work or participating in certain work programs, the person cannot get Food Stamps for more than 3 months within a 36 month period. A person denied help under this provision can regain help if he/she works 80 hours per month or participates in a work program or workfare. If you do not meet any of the above exemptions, you may be eligible if you have an eighth grade education or less, have no transportation, are homeless, or have a language problem. Persons who got Food Stamps for 3 out of 36 months and begin working but lose the job can get help for three consecutive months without working or being in a work or workfare program.

4. Time limits for the TANF program do not affect the Food Stamp program.

5. The collection of this information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C.2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Food Stamp Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management.

6. This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law.

7. If a food stamp claim arises against your household, the information on this application, including all SSNs may be referred to Federal and State agencies, as well as private claim collection agencies, for claims collection action.

We still need these items to find out if you can get help:

_____

_____

If you don't give us this information by _____, we will have to deny you help. If you need help getting any of the items, call us. For TANF or PaS and Food Stamps, if you send in anything asked for within 30 days of your application, your benefits will start with the date you apply (or the date you qualify if that date is later).

RELEASE STATEMENT AND SIGNATURE:

I know that the Department of Health and Human Services may prove any information that would affect my getting help. My signature here authorizes the release of any such information to the Department. I also know that I must report the changes listed above. I certify that the consequences of violating the rules have been explained to me. If I choose to apply for the telephone subsidy with my telephone carrier, I give permission to the Department of Health and Human Services to release information about my benefits.

_____

Applicant Signature Date Worker Signature Date

SEE OVER FOR MORE IMPORTANT INFORMATION

When an individual on purpose breaks the rules listed below, they will be disqualified from TANF or PaS and Food Stamp benefits this way:

6 months for the first offense, 12 months for the second offense, and permanently for the third offense if the offense occurred on or before 8/22/96 (for Food Stamps) or before 9/1/97 (for TANF or PaS);

1 year for the first offense, 2 years for the second offense, and permanently for the third offense if the offense occurred after 8/22/96 (for Food Stamps) or after 8/31/97 (for TANF or PaS);

2 years for the first offense and permanently for the second offense of trading Food Stamps for drugs;

Forever for the first offense of trading Food Stamps for firearms, ammunition or explosives;

Forever for a conviction for trafficking Food Stamp benefits of $ 500 or more;

10 years for a finding of fraudulent representation of identity or place of residence in order to receive multiple (at the same time) Food Stamp or TANF or PaS benefits;

Individuals are disqualified from TANF or PaS and Food Stamps while fleeing to avoid prosecution or custody or confinement or a felony or violating a condition of probation or parole.

The Rules: Do not lie or hide anything to get or continue to get benefits.

Do not trade or sell Food Stamps. Do not use someone else's Food Stamps.

Do not use Food Stamps to buy ineligible items such as alcoholic drinks and tobacco.

If the violation involves either Food Stamps or TANF or PaS, the person may also be subject to further prosecution under other applicable federal laws. If the violation involves Food Stamps, this person can also be fined up to $250,000, imprisoned up to 20 years, or both. A court can also bar a person for 18 months more.

ABOUT TANF or PaS and MAINECARE

1. If you get MaineCare benefits and are age 55 or older, the State may make a claim on the assets of your estate to recover the money that MaineCare has paid for your care. No claim will be made if the only service you get is the Medicare Buy-in. For more information about the Estate Recovery Program call 1-800-572-3839.

2. You may have to pay a small fee if you are found eligible for Transitional MaineCare. You sometimes have to pay a small fee when you use your MaineCare ID card to get drugs and services.

ABOUT TANF or PaS ONLY:

1. Report within 5 days of the date it becomes clear that your minor child will be out of your home for 45 days or more. Report all other changes within 10 days.

2. When you get TANF or PaS, it will include a Special Needs housing allowance (SN) when the total of your rent, lot rent, mortgage, property taxes, and house insurance equals or is more than 75% of your income.

3. When you get TANF or PaS, you and anyone else who gets TANF or PaS with you will get a MaineCare card. This means that most doctor and hospital bills will be paid while you get TANF or PaS. It may also pay for up to 3 months of back bills which you may have had 3 months before you applied for TANF or PaS.

4. When you leave the TANF or PaS program, you may be able to get help with medical costs, with childcare costs, and with transportation costs. This help may be available through Transitional Services which can give help when your TANF or PaS is stopped because of money that you earn. You should contact your local office when this happens.

5. If you cannot have TANF or PaS, we will use the same application to decide if you can get MaineCare Assistance. If you do not give the requested information, your application for MaineCare Assistance may also be denied.

6. The Department of Health and Human Services must find out who the parent of each child is and get child support money from the absent parent whose children are getting TANF or PaS.

7. When you get a TANF or PaS payment, it creates a debt owed to the State by the absent parent. By accepting TANF or PaS, you are transferring your right to all child support to the Department of Health and Human Services.

8. TANF or PaS cannot be denied to eligible children because you refuse to cooperate in efforts to find out the parent of each child or to secure support from absent parents. But your needs will not be considered if you refuse to cooperate without good cause (good cause provision is not available to putative fathers and absent parents).

9. Any child support that you or your children get from the absent parent while you get TANF or PaS must be sent to the Department. Checks should be made payable to the Treasurer, State of Maine, and sent to IV-D Cashier, Department of Health and Human Services, Box 1098, Augusta, ME 04332.

IF ANYONE IN YOUR HOME GETS ANY LUMP-SUM PAYMENT, CONTACT YOUR WORKER IMMEDIATELY!
DO NOT SPEND ANY OF THE MONEY BEFORE TALKING WITH YOUR WORKER.