



Eligibility Review for Long Term Care Benefits

Client's Name (first, middle initial, last)			Client's ID Number
Client's Address	City	State	Zip Code
Client's Mailing Address	City	State	Zip Code
Client's Telephone Number (include area code)	Client's Email		
Authorized Representative			
An Authorized Representative is someone you allow DSHS to talk with about your benefits. You can name someone but it's not required. Do you have an Authorized Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Authorized Representative		Relationship	
Authorized Representative's Mailing Address	City	State	Zip Code
Telephone Number (include area code)	Email		
Client Resources (Attach Proof)			
	Amount / Value	Where	
Account held by Nursing Home/Facility	\$		
Money on hand (cash)	\$		
Checking Accounts	\$		
Savings Accounts	\$		
Other Bank Accounts	\$		
Life/Burial Insurances	\$		
Burial Funds	\$		
Annuities	\$		
Home or Other Property	\$		
Other – vehicle, trusts, stocks, bonds, mutual funds, certificates of deposits: (List Below)			
	\$		
	\$		
Have you sold, traded or given away your money, home, property or other resources in the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, complete the following:			
Type	To Whom	Amount	Date Transferred
		\$	
		\$	



Client Income (Attach Proof)		Amount
Social Security Benefits		\$
Retirement/Pension/Annuity		\$
Other - Veterans benefits, L&I, alimony, dividends, earnings, rental or quarterly income (list below)		
		\$
		\$
		\$
Client's Medical Expenses (Attach Proof)		Amount
Health and/or LTC Insurance Premiums (list provider)		\$
Unpaid Medical Bills (List)		\$
		\$
Spouse / Family Income (Attach Proof)		Amount
Social Security Benefits		\$
Retirement / Pension / Annuity		\$
Other - Veterans benefits, earnings, interest, dividends, L&I, rental or quarterly income (list below)		
		\$
		\$
		\$
Spouse / Family Shelter Expenses (Attach Proof)		Amount
Rent / Mortgage		\$
Property Tax / Home Insurance		\$
Utilities		\$
Other - Assessments, Condo or Co-Op Fees, Space Rent, etc.		\$
Declaration and Signature(s)		
<p>I have read, or had explained to me, my rights and responsibilities and received a copy of the Client Rights and Responsibilities form, HCA 18-003. I read, or had explained to me, and understand the information on both sides on this Eligibility Review form. DSHS may help get any proof I need or contact other persons, agencies or financial institutions for it. If I have an interest in an annuity, I must name Washington State as a remainder beneficiary. I declare under penalty of perjury, the information I gave in this review is true, correct and complete to the best of my knowledge.</p>		
Signature of Client	Telephone Number	Date
Signature of Helper	Telephone Number	Date
Signature of Authorized Representative	Telephone Number	Date