



HOME AND COMMUNITY SERVICES

Community Resource Declaration

Complete this form to request an evaluation of resources for you and your spouse.

FOR OFFICE USE ONLY
CLIENT ID NUMBER

NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
SPOUSE'S NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP CODE	HOME TELEPHONE NUMBER
MAILING ADDRESS IF DIFFERENT	CITY	STATE	ZIP CODE	
FACILITY NAME	FACILITY ADDRESS	CITY	STATE	ZIP CODE
				FACILITY ADMISSION DATE

List the value of all resources as of the first day of the month you were admitted to the medical facility. Include all resources owned jointly, separately, or with another person. Attach an additional sheet if there isn't enough space.

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TYPE OF RESOURCE	WHO OWNS THE RESOURCE (You, spouse, jointly)	LOCATION	ACCOUNT NUMBER	AMOUNT OR VALUE (Attach proof)	COUNTABLE RESOURCE VALUE	HOW VERIFIED?
Cash on hand						
Checking Account						
Checking Account						
Checking Account						
Savings Account						
Savings Account						
Savings Account						
Credit Union Account						
Credit Union Account						
CD or Money Market						
Trusts						
Annuities						

