

MAINTENANCE OF LIEN STATUS				
PART I (To be completed by the Applicant/Beneficiary or Authorized Representative)				
The State is required to place a lien on the home property of certain individuals who receive medical assistance who is an inpatient in a nursing facility or other medical institution. An inpatient in a nursing facility can include a person receiving HCBS or residing in a CCFFH or E-ARCH. The information you give us will be used to determine if the State should place a lien on your home property or maintain the present lien on your home property. The lien will be for medical assistance payments made on your behalf. The lien will not affect your ownership in the property, nor will it require you sell the property. The lien may be dissolved if you are discharged from the medical institution and return to live in the home.				
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Single				
PRINT:	Last Name	First Name	M.I.	Date of Birth
Social Security Number				
Name of Medical Institution				Date of Admission
				Check the appropriate box:
1a. Do you <u>still</u> own an interest in a house, condominium, apartment or other property that you lived in before you were admitted to the nursing facility or medical institution?				<input type="checkbox"/> YES <input type="checkbox"/> NO
1b. Do you <u>still</u> own a life interest or life estate, lease or leasehold interest in a house condominium, apartment or other property?				<input type="checkbox"/> YES <input type="checkbox"/> NO
1c. Do you <u>still</u> have a trust that owns a house, condominium, apartment or other property? If "YES", please provide a copy of the trust.				<input type="checkbox"/> YES <input type="checkbox"/> NO
1d. Do you <u>still</u> have a Transfer on Death Deed (TODD)? If "YES", please provide a copy of the death deed (TODD).				<input type="checkbox"/> YES <input type="checkbox"/> NO
2. If you no longer own an interest in your home, did you sell or transfer your interest in the home?				<input type="checkbox"/> YES <input type="checkbox"/> NO
2a. If SOLD :				
Buyers Name		Relationship to You		Date of Sale
				Purchase Price
2b. If TRANSFERRED :				
Buyers Name		Relationship to You		Date of Sale
				Purchase Price
3. Has anyone ceased living in your home in the past twelve (12) months? (If more space is needed, please list this question number with their information on the back of this page.)				<input type="checkbox"/> YES <input type="checkbox"/> NO
Name		Relationship to You		Date Moved OUT
4. Has anyone moved into your home in the past twelve (12) months? (If more space is needed, please list this question number with their information on the back of this page.)				<input type="checkbox"/> YES <input type="checkbox"/> NO
Name		Relationship to You		Date Moved IN
I HAVE READ OR HAD THIS DOCUMENT READ TO ME AND I UNDERSTAND ITS CONTENTS AND CERTIFY THAT I HAVE ANSWERED THE QUESTIONS TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.				
PRINT: Applicant/Beneficiary's Name		Signature or Mark		Telephone #
				Date
PRINT: Authorized Representative or Witness		Signature		Telephone#
				Date
PRINT: Mailing Address of Authorized Representative or Witness		City		State
				Zip Code
AUTHORIZED REPRESENTATIVE: DO YOU HAVE POWER OF ATTORNEY (POA)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", YOU MUST ATTACH A COPY OF POWER OF ATTORNEY OR GUARDIANSHIP DOCUMENT AND PROVIDE YOUR CURRENT MAILING ADDRESS. Note: Person witnessing an Applicant/Beneficiary's mark "X" has determined to the best of the witness' knowledge that the Applicant/Beneficiary is competent and understands his or her actions in signing this document. The use of an "X" is because the Applicant/Beneficiary cannot physically sign the document. (The witness must also sign this document and provide a mailing address.)				
PART II (To be completed by DHS)				
DOC:		Reason:		
Case Number:		Date sent to MQD/FO		
PRINT Worker's Name:		Telephone #:		Section/Unit: