ASSETS DECLARATION
PATIENT AND SPOUSE

Michigan Department of Health and Human Services
(Skip if no spouse)

FOR OFFICE USE ONLY				
Beneficiary Name				
Client ID				
Case Number				
County	District	Section	Unit	Specialist

PLEASE PRINT

Patient's Name (First, Middle, Last)	Phone No. of Nursing Home		Spouse's Name (First, Middle, Last)	Spouse's Phone No.	
Address of Nursing Home (Number, Street, Rural Route)			Spouse's Address (Number, Street, Rural Route)		
City	State	Zip Code	City	State	Zip Code
Patient's Birthdate (Mo/Day/Yr)	Patient's Social Security		Spouse's Birthdate (Mo/Day/Yr	Spouse's Social Security*	

This form asks questions about the property or assets owned by you and/or your spouse. This information is needed to determine your eligibility for Healthcare Coverage and the amount of assets that can be protected for the benefit of your spouse. Answer the following questions by providing information about all assets owned by you and/or your spouse as of _____. Include assets you or your spouse own jointly with family or other persons.

ASSETS

1. Do you and/or your spouse have any assets (include assets held jointly)?

☐ Yes ▶ Check all types of assets your household has and complete the table ☐ No

- ☐ Checking/draft account
- ☐ Money market accounts
- ☐ Savings/share accounts
- ☐ Certificates of Deposit (CD)
- ☐ Christmas club accounts
- ☐ Patient trust fund
- ☐ Case on hand or in safe deposit
- ☐ Savings, bonds, stocks or mutual funds
- ☐ IRA, KEOGH, 401K or Deferred Compensation account(s)
- ☐ Trust or Annuity
- ☐ Land contract, mortgage or other notes payable to household member
- ☐ Real estate (including place you live)
- ☐ Life estate/life lease
- ☐ Burial plot(s), casket, etc.
- ☐ Tools, equipment, livestock or crops
- ☐ Life insurance
- ☐ Other Assets _____
- ☐ Health Savings Account
- ☐ Burial trust/funeral contract(s)

Owner(s) of asset(s)	Type(s) of Asset(s)	Balance amount of value	Name and address (bank, insurance company, etc.)	Account/policy number, etc.

AUTHORITY: 42 CFR Part 435.
COMPLETION: Voluntary.
PENALTY: No Healthcare Coverage.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

*Optional if the community spouse is not requesting assistance.

ASSETS

2. Does anyone in your household have any vehicles?

☐ Yes ▸ Check all types of assets your household has and complete the table ☐ No

☐ Car ☐ Truck ☐ Boat ☐ Camper/trailer ☐ Motorcycle ☐ RV ☐ Other Vehicle

Owner(s) (As shown on vehicle title or registration)	Year	Make/Model	Amount Owed

3. Has anyone in your household:

- sold or given away property, land, vehicles, stocks, bonds, savings, cash, checking, income, etc., closed any accounts or removed or added a name on any asset within the last 60 months? ☐ Yes ▸ Who: ☐ No
- filed a pending lawsuit which may bring money, property, etc.? ☐ Yes ▸ Who: ☐ No
- received a one-time cash payment (such as worker's compensation, lottery winnings, insurance settlement, lawsuit award, etc.) within the last 60 months? ☐ Yes ▸ Who: ☐ No
- or has anyone acting for any household member, ever put any money, lawsuit settlement, income or assets in a trust, annuity or similar legal device? ☐ Yes ▸ Who: ☐ No

AFFIDAVIT

I swear or affirm that all the information that I have written on this form or told to a specialist is true. I understand that I can be prosecuted for perjury if I have intentionally given false information. I also know that I may be asked to show proof of any information I have given. I also know that if I have intentionally left out any information or if I have given false information, which causes me to receive assistance I am not entitled to or more assistance than I am entitled to, I can be prosecuted for fraud.

Estate Recovery. I understand that upon my death the Michigan Department of Health and Human Services (MDHHS) has the legal right to seek recovery from my estate for services paid by Healthcare Coverage. This means that some or all of my estate may be recovered. MDHHS will not seek to recover against the estate while there is a legal surviving spouse or a legal surviving child who is under the age of 21, blind, or disabled. An estate consists of real and personal property. If you have received an asset disregard due to a long-term care partnership policy, Estate Recovery applies to all assets whether they are subject to probate administration or not. Estate recovery only applies to certain Healthcare Coverage recipients who received Healthcare Coverage services after the effective date of the estate recovery statute. MDHHS may agree not to pursue recovery if an undue hardship exists. An application must be submitted to determine if the applicant qualifies for an undue hardship waiver. Undue hardship waivers are temporary. For further information regarding Estate Recovery, call 800-642-3195.

Signature (Patient or Representative)		Date (Month, Day, Year)
Two Witnesses Only If Signed by Mark X	Signature of First Witness	Signature of Second Witness

NOTE: If you signed this application on behalf of someone else, complete the information below.

Name (First, Middle, Last)	Phone Number	Relationship to Patient	
Street Address	City	State	Zip Code