

**Sales or transfers.** Tell us if anyone in your household has sold, traded, gifted or transferred ownership of any assets in the past.

**Yes**  **No** Have you (or your spouse) sold, traded, gifted or transferred ownership, including to a trust, of any real property, motor vehicles, life insurance, stocks, bonds, cash or other assets in the past 5 years or 2 years if applying for cash?

**Yes**  **No** Have you (or your spouse) had assets transferred through probate court/surrogate courts in or out of state in the past 5 years or 2 years if applying for cash?

**If yes, complete the table below for each asset.**

Item 1	What was sold, given away, etc.?	To who?	
	Type of transfer <input type="checkbox"/> Sold <input type="checkbox"/> Transferred <input type="checkbox"/> Closed	Date of closing, sale, transfer or gift.	Amount / value \$
Item 2	What was sold, given away, etc.?	To who?	
	Type of transfer <input type="checkbox"/> Sold <input type="checkbox"/> Transferred <input type="checkbox"/> Closed	Date of closing, sale, transfer or gift.	Amount / value \$
Item 3	What was sold, given away, etc.?	To who?	
	Type of transfer <input type="checkbox"/> Sold <input type="checkbox"/> Transferred <input type="checkbox"/> Closed	Date of closing, sale, transfer or gift.	Amount / value \$
Item 4	What was sold, given away, etc.?	To who?	
	Type of transfer <input type="checkbox"/> Sold <input type="checkbox"/> Transferred <input type="checkbox"/> Closed	Date of closing, sale, transfer or gift.	Amount / value \$
Item 5	What was sold, given away, etc.?	To who?	
	Type of transfer <input type="checkbox"/> Sold <input type="checkbox"/> Transferred <input type="checkbox"/> Closed	Date of closing, sale, transfer or gift.	Amount / value \$
Item 6	What was sold, given away, etc.?	To who?	
	Type of transfer <input type="checkbox"/> Sold <input type="checkbox"/> Transferred <input type="checkbox"/> Closed	Date of closing, sale, transfer or gift.	Amount / value \$
Item 7	What was sold, given away, etc.?	To who?	
	Type of transfer <input type="checkbox"/> Sold <input type="checkbox"/> Transferred <input type="checkbox"/> Closed	Date of closing, sale, transfer or gift.	Amount / value \$
Item 8	What was sold, given away, etc.?	To who?	
	Type of transfer <input type="checkbox"/> Sold <input type="checkbox"/> Transferred <input type="checkbox"/> Closed	Date of closing, sale, transfer or gift.	Amount / value \$



**Sales or transfers** continued

**If you are applying for help paying for care in a nursing or chronic disease facility or community homecare and have transferred assets in the past 5 years, please answer the following:**

Did you live with the person to whom you transferred the asset(s) without interruption for a period of at least 2 years that prevented their institutionalization?  Yes  No

What Activities of Daily Living were you capable of doing on your own during this time?

- |                                   |                                  |                                    |   |
|-----------------------------------|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Bathing  | <input type="checkbox"/> Walking | <input type="checkbox"/> Toileting | <input type="checkbox"/> Maintaining Continence |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Feeding | <input type="checkbox"/> Grooming  | <input type="checkbox"/> Transferring           |

If you were unable to do any of the above, who helped you do them?

During these two years, did the individual you transferred the asset(s) to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many hours/days per week?	If yes, who was home with you while he/she was working?
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Was a Home Care Agency involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what agency?	How many hours per week?	What funds were used to pay for this care?
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Provide medical records, such as office notes for doctors, test results, hospital discharge summaries, etc. for the above period of time to verify the applicant's medical condition.

Any transfer or assignment of assets made in the past five years or two for cash applications may result in the imposition of a penalty period. Any such transfer is presumed to be made with the intent, by the transferor or the person accepting the transfer (the transferee), to qualify for Medicaid payment of long-term care benefits or, if applying for cash, payment of benefits under that program. Such transfer creates a debt due and owing by the transferor or transferee to DSS in the amount of assistance provided to or on behalf of the transferor. DSS and the Attorney General may seek relief as permitted by law to recover such amounts.

It is a fraudulent conveyance against the State to assign, transfer or otherwise dispose of property, for less than fair market value, to someone who knows (1) that the purpose of the transfer is to qualify for public assistance; or (2) that the transfer will leave the person making it without enough means to support himself or herself in a decent way. DSS may go to court to set aside the transfer and recover the cost of any assistance that was provided to the person making the transfer or to recover.

I have disclosed all transfers or assignments made in the past five years or two years for cash applications and understand that, if any such transfers were or are made, even in part, for the purpose of qualifying for Medicaid long-term care benefits or cash, the state has the right the right to seek repayment of the debt should any benefits be paid by the state of my behalf.

X \_\_\_\_\_ Date \_\_\_\_\_

(Applicant or Representative's Signature)

X \_\_\_\_\_ Date \_\_\_\_\_

Attorney's Signature (if assisted by an attorney)

Send proof of any sales or transfers you listed. Check the "Do you have your proof documents?" section of the instructions for examples of which documents to send copies of along with your application.

**Special Needs.** Answer the following if you or your spouse are applying for cash help and are blind, disabled or age 65 or older.

**Only fill this section out if you are applying for cash.**

Do you or your spouse need clothing? Yes No If yes, who?

