



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
DECLARATION AND ASSESSMENT OF ASSETS

IDENTIFYING INFORMATION												
INSTITUTIONALIZED SPOUSE		DCN		NAME				SOCIAL SECURITY NUMBER				
TELEPHONE NUMBER		ADDRESS (STREET, CITY, STATE, ZIP CODE)						RACE	SEX	BIRTHDATE		
COMMUNITY SPOUSE		DCN		NAME				SOCIAL SECURITY NUMBER				
TELEPHONE NUMBER		ADDRESS (STREET, CITY, STATE, ZIP CODE)						RACE	SEX	BIRTHDATE		
DATE ASSESSMENT REQUESTED		DATE INSTITUTIONALIZED		VENDOR NAME				COUNTY USE ONLY				
OTHER INSTITUTION NAME AND ADDRESS						VENDOR NUMBER		LIKELY TO REMAIN INSTITUTIONALIZED <input type="checkbox"/> YES <input type="checkbox"/> NO				
ASSESSMENT DECISION		TOTAL NON-EXEMPT ASSETS \$		SPOUSAL SHARE \$		DATE ASSESSMENT COMPLETED		REASON INACTIVE		DATE LEFT INSTITUTION		
COUNTY NAME AND ADDRESS				TELEPHONE NUMBER		COUNTY NO.	ELIG. SPEC. NO.	LOAD NO.		SUPERVISOR NUMBER		
INCLUDE ALL THE REAL AND PERSONAL PROPERTY OWNED BY THE SPOUSE WHO IS INSTITUTIONALIZED AND THE SPOUSE WHO LIVES AT HOME FOR THE MONTH OF ▶						EX-EMPT	EQUITY		HOW VERIFIED			
1. I/We have the following cash and securities.		YES	NO	IN WHOSE NAME		LOCATION		VALUE				
A. Checking account/joint checking accounts												
Account Numbers:												
1)												
2)												
3)												
B. Savings Accounts, Joint Savings Accounts, Christmas Club Savings, Time Certificates or Deposit in Credit Union.												
Account or Certificate Numbers:												
1)												
2)												
3)												
4)												
5)												
C. Patient accounts at nursing home or other institution.												
D. Savings or cash at home, on my person, or being held by someone else.												

DECLARATION AND ASSESSMENT OF ASSETS (CONTINUED)

INSTITUTIONALIZED SPOUSE NAME			DCN			COUNTY USE ONLY		
E. Stocks	YES	NO	IN WHOSE NAME	LOCATION	VALUE	EX-EMPT	EQUITY	HOW VERIFIED
Company and number of shares								
1)								
2)								
3)								
F. Bonds or other investments								
1)								
2)								
3)								
G. Notes or Mortgages owed to you (Does any one owe you money?)								
H. Trust Funds								
I. Property held in Safe Deposit Box Contents								
2. I/We have the following personal property:			LOCATION	VALUE	DEBT			
A. Household Furniture (in use)								
B. Household Furniture (not in use)								
C. Housetrailer (mobile home)								
D. Jewelry (other than wedding and engagement rings, watches or costume jewelry)								
E. Business equipment								
F. Farm machinery								
G. Farm grain and produce								
H. Farm livestock								
I. Property Claims in Probate Court								
J. Burial Plot(s)								
K. Other (list):								

DECLARATION AND ASSESSMENT OF ASSETS (CONTINUED)

INSTITUTIONALIZED SPOUSE NAME				DCN			COUNTY USE ONLY				
L. List any vehicles you or your spouse own or are buying (Include cars, trucks, vans, motorcycles, boats, recreational vehicles, tractors, others).							EX-EMPT	EQUITY	HOW VERIFIED		
MAKE	MODEL	YEAR	OWNER	VALUE	DEBT	HOW IS VEHICLE USED					
3. I/WE ARE BUYING OR OWN REAL ESTATE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST BELOW											
LIST KIND AND LOCATION	WHO HOLDS MORTGAGE?	LOAN NUMBER	WHOSE NAME ON DEED	CURRENT VALUE	AMOUNT OWED	HOW IS IT USED? HOME/RENTAL					
4. I/WE HAVE LIFE INSURANCE, PREPAID BURIAL PLANS OR BURIAL FUNDS. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST BELOW											
PERSON INSURED	COMPANY NAME				POLICY NUMBER						
Spousal share is the amount of non-exempt assets that may be disregarded in initial eligibility determinations for nursing care vendor benefits for the institutionalized spouse during this continuous period of institutionalization.							TOTAL NON-EXEMPT ASSETS		SPOUSAL SHARE		
							\$		\$		
I/we understand that this assessment is valid for this continuous period of institutionalization in a MO HealthNet certified bed or hospital.											
I/we understand that we do not have the right to appeal the determination of the value of non-exempt assets or the spousal share until such time as the institutionalized spouse applies for nursing care vendor benefits.											
I/we understand that we MUST immediately notify the Family Support Division when											
<ul style="list-style-type: none"> • the institutionalized spouse is discharged from the nursing home or hospital • either spouse dies • we become divorced • the spouse who lives at home goes into a nursing home or hospital for 30 days or longer 											
I/we the above named requestor(s) or representative(s) do solemnly swear that I/we fully and clearly understand the questions set forth and that I/we have truthfully and to the best of my/our ability given the answer to each question.											
SIGNATURE OF INSTITUTIONALIZED SPOUSE			DATE		SIGNATURE OF COMMUNITY SPOUSE			DATE			
▶					▶						
WITNESS			DATE		WITNESS			DATE		ELIGIBILITY SPECIALIST SIGNATURE	
										▶	
WITNESS			DATE		WITNESS			DATE		SUPERVISOR SIGNATURE	
										▶	
<input type="checkbox"/> THE ASSESSMENT WAS NOT COMPLETED BECAUSE											