

ATTACHMENT B

CCE/ADI ELIGIBILITY /FINANCIAL WORKSHEET
AND ASSESSED CO-PAYMENT FORM

1. Client Name _____ Spouse Name _____

2. **MONTHLY INCOME INFORMATION**

What is your monthly income? Please fill in all sources received:

	Individual	Spouse	Total
a. Social Security (SSA) (including Medicare premium)	\$	\$	\$
b. Supplemental Security Income (SSI)			
c. Veteran=s Administration (VA)			
d. Disability Payments including Worker=s Compensation (SSA and VA disability are under a. or c.)			
e. Retirement Pensions (Railroad, Union, Government, Private)			
f. Interest and Dividend (IRAs, CDs or Bank Accounts), or annuity Income including Civil Service			
g. Rental Property Income			
h. Estate/Trust Fund Income			
i. Alimony			
j. Regular Contributions from another person			
k. Temporary Assistance for Needy Families (AFDC)			
l. Other income			
Total Gross Monthly Income			

3. **ASSESSED CO-PAYMENT MONTHLY AMOUNT (FROM ATTACHMENT B)** \$ _____

EXEMPTIONS: Medicaid Waiver, HCE, ESI clients and other individual clients or couples with less than \$1.00 per month in income.

4. ASSET INFORMATION

Complete this information if the client has income under \$564 a month (\$846 for a couple) or is functionally eligible for Medicaid Waiver services and has \$1,692 or less in monthly income (\$3,384 for a couple).

Include the following:

	Individual	Spouse	Total
a. More than one car (if car is under 7 years old or over 25 years old)	\$	\$	\$
b. Cash surrender value of Life Insurance Policies (only if total face value is over \$2,500)			
c. Checking Account(s)			
d. Saving Account			
e. Cash on hand			
f. Certificate(s) of Deposit			
g. Individual Retirement Account(s)			
h. Revocable Burial Contract			
i. Trust(s)			
j. Stocks/Bonds/Mutual Funds			
k. Real Property (not homestead)			
Total Assets:			
Deduct \$2,500 for an individual burial or \$5,000 for a couple burial			
Subtotal Assets:*			

***If the individual client has \$2,000 or less in assets or the couple has \$3,000 or less in assets, refer the client to the Department of Children and Family Services for a complete Medicaid eligibility determination.**

5. CLIENT STATEMENT AND SIGNATURE

By my signature below, I do hereby swear or affirm that the income and asset information that I have provided is a true and correct statement of present financial circumstances. I also authorize and agree to release to any appropriate representative of either the Community Care for the Elderly or Alzheimer's Disease Initiative program, as applicable, any financial records needed to verify any financial information. I agree to pay the co-pay amount assessed for services delivered. The co-pay amount will not exceed the cost of the services I receive each month. I have been informed of my right to request a review by the provider agency to resolve any disagreements regarding the co-payments to be charged for services. If the resolution is still unsatisfactory to me, I can appeal to the area agency on aging.

Client or responsible party signature

Date

Worksheet Prepared By

Date

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j. Regular Contributions from another person: Include any income received on a regular basis (monthly, quarterly, annually). Do not include any gift income, regardless of frequency or amount. Gift income is defined as any income from any person, family, or friend not legally obligated or established on an occasional basis. Payment of bills (e.g., phone, electric, gas) by the client's children or other individuals is not considered a regular contribution.

k. Temporary Assistance for Needy Families (formerly known as AFDC).

l. Other Income: Include other regularly received income not included in any of the above categories. For example, if the spouse is employed, enter the gross monthly amount earned as "other income."

3. **Total Gross Monthly Income:** Total each entry to arrive at the figure.
4. Refer to the co-pay amount chart; find the client=s or client and spouse=s income range.
5. Enter the co-payment amount from the chart to be assessed each month for services received on line 3.
6. **Review of self-declared assets:** For CCE/ADI Co-payment for Service, the case manager needs to complete the Information on Value of Assets section on page 2 only if the client has income under \$564 a month (\$846 for a couple) or, if the client(s) meets Medicaid Waiver functional criteria and has an income less than \$1,692 per month for an individual or \$3,384 per month for a couple and could be served through the Medicaid Waiver Program.

Worksheet Page 2:

1. Information to use in the review of Value of Assets:

a) The declared value of the client's additional car(s) only if the car is under 7 years old or over 25 years old. One car is excluded no matter the age or type. Couples who are both receiving services may own two cars.

b) If the total face value of life insurance policies exceeds \$2,500.00, then the cash value of the policies is counted as an asset. These policies may be designated as burial funds.

c and d) The balance of the client's bank (checking and savings) account(s) on the day of the application. If a potential client jointly holds an account with another person ("and") then the funds and any interest received are equally divided. If the potential client has unrestricted access to the funds ("or") then the whole balance and all interest received is considered the individual's.