

Transfer of Assets Evaluation Form

A transfer of assets evaluation is required because you have entered a nursing facility and have requested Medicaid to pay for the cost of care, or you have requested institutional services through the CAP or PACE program. This evaluation is required to ensure you have not given assets away to become eligible for Medicaid institutional services.

If you, your spouse, or your representative gives away or sells an asset, either countable or excluded, for less than its current market value, you may be ineligible for payment of institutional services which could result in a sanction. For a sanction to apply, the transfer must have occurred on or after a specific date (**lookback date**). This date is unique to each person and is bolded below. Any assets that you currently or have previously owned since the Transfer of Assets Lookback Date must be evaluated to determine if there have been any transfers.

This evaluation must be completed to begin or continue to receive coverage for your institutional services. If you are unable to get the items checked or the items described below, please contact your case worker immediately. Your case worker will help you.

By answering the below questions, you are attesting under penalty of perjury which means you have provided true answers to all the questions on this form to the best of your knowledge. You may be subject to penalties under federal law if you provide false and/or untrue information. Failure to cooperate or provide information may result in denial of cost of care coverage.

General Information (completed by caseworker)

Applicant Name:	
Date of birth:	Marital Status:
Name of nursing facility where client resides:	
Date of Admission to the facility:	
Transfer of Assets Lookback Date:	

Please provide the following information:

Do you have a: Power of Attorney for Financial Affairs? Yes: ☐ No: ☐

Guardian? Yes: ☐ No: ☐

Authorized representative? Yes: ☐ No: ☐

If you answered “yes”, please provide their name and contact information below and a copy of any Power of Attorney, Guardian or Authorized Representative document(s).

Indicate the Documentation Type: POA <input type="checkbox"/> Guardian <input type="checkbox"/> Auth. Rep. <input type="checkbox"/>	Indicate the Documentation Type: POA <input type="checkbox"/> Guardian <input type="checkbox"/> Auth. Rep. <input type="checkbox"/>
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Email Address:	Email Address:
Phone:	Phone:

1. Have you met with a financial planner or estate attorney? Yes: ☐ No: ☐

a. If “yes”, when:

2. Do you or your spouse have an insurance policy that pays for nursing home care? Yes: ☐ No: ☐

a. If yes, name of insurance company and policy number?

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b. Who receives the benefit payments from the insurance company?

Nursing home: ☐ or You: ☐ or Other: ☐

3. Have you or your spouse ever lived or owned property in another state?

If yes, which State and County:

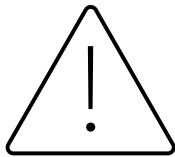
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4. Please list any other counties in NC where you have lived or owned property:

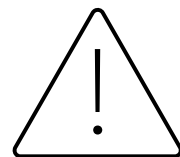
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5. To search for any heir property, we need the following information:

Parents Names (include applicant and spouse):	County and State resided:
Applicant's Father:	
Applicant's Mother:	
Spouse's Father:	
Spouse's Mother:	



IMPORTANT



For the following questions, please provide any documents that verify the action taken to sell, give away or transfer ownership to someone else including any compensation received.

6. Have you or your spouse sold, given away or transferred ownership interest in any property since the **Lookback Date** ?

Yes: ☐ No: ☐

Property includes home, land, buildings, life estate, timeshares, farmland, and mobile homes, etc.

7. Since the **Lookback Date** , have you or your spouse obtained life estate interest in another person's property? Yes: ☐ No: ☐

a. If so, who is the primary owner?

b. Where is the property located?

8. Have you or your spouse sold, given away or transferred ownership in any of the following accounts since the **Lookback Date** :

Yes: ☐ No: ☐ **Note: this includes closed accounts.**

Account Type:	Institution Name:	Date action taken:	Amount:
Checking			
Saving			
Certificate of Deposit:			
Investment or Retirement Account (money market mutual fund, IRA, 401k, deferred comp., other)			
Stocks/Bonds			
Other			

9. Have you or your spouse sold, given away or transferred ownership of a vehicle since the **Lookback Date** ? Yes: ☐ No: ☐

a. If yes, what type of vehicle?
b. Date of transaction and amount received:

10. Have you or your spouse sold, given away or transferred ownership of a business since the **Lookback Date** ?
(Note: Business includes but is not limited to home-based business, farm, partnership, sole ownership, limited liability corporation, sole proprietorship.)
 Yes: ☐ No: ☐

a. If yes, name of business?
b. Date of transaction and amount received:
c. Was there any business equipment sold, given away or transferred to another owner? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

11. Have you or your spouse sold, given away or transferred rental income, farm lease or cash rent since the **Lookback Date** ?
 Yes: ☐ No: ☐

If yes, date and amount of most recent income received: _____

12. Have you or your spouse taken out a loan or reverse mortgage since the **Lookback Date** ?

Yes: ☐ No: ☐

a. If yes, date and amount of most recent income received?

Note: loans include but are not limited to personal loans to family or friends.

13. Have you or your spouse entered into an agreement with anyone such as a mortgage agreement, promissory note, or contract for deed since the **Lookback Date** ?

Include anyone who owes you or your spouse money with an agreement to repay. Yes: ☐ No: ☐

a. If yes, the date loan was made and amount of loan:

14. Are you or your spouse an owner/beneficiary of a trust? Yes: ☐ No: ☐

a. If yes, date established:

b. Type of trust:

c. Do you receive income from the trust: Yes: ☐ No: ☐

15. Since the Lookback Date , have you or your spouse purchased or made changes to an annuity? Yes: ☐ No: ☐

a. If yes, date of purchase:

b. Have you made any changes to an annuity since November 1, 2007: Yes: ☐ No: ☐

16. Have you or your spouse inherited any income and/or assets?

Yes: ☐ No: ☐

a. If yes, date and amount:

b. Name of deceased person inherited from:

c. Relationship to deceased:

d. Date of death:

17. Since the **Lookback Date** , have you or your spouse declined to accept an asset or income such as inheritance, pension, etc.?

Yes: ☐ No: ☐