DOCUMENTATION OF PASSALONG ELIGIBILITY OR INELIGIBILITY

**Instructions:** Use this form to document in the permanent case record consideration of potential eligibility for disregard of all or part of Social Security income under MA-2110. Complete and retain this documentation in any case where an applicant or recipient has Social Security income and is over-income for CN MAABD without consideration of passalong disregards.

Date completed: ______________

Completed by: ____________________________

Did a/r ever receive SSI?  Yes ____  NO _____

If yes, date terminated _______________

If currently living in assisted living, did a/r ever receive Special Assistance?  Yes ____  NO _____  NA _____

If yes, date terminated _______________

1. COLA Passalong:  Eligible ____   Ineligible ____  Reason:___________________

2. DAC passalong:  Eligible ____   Ineligible ____  Reason:___________________

3. Widow(er)s passalongs: Eligible ____   Ineligible ____  Reason:___________________

Sources checked and information obtained:

Statement of a/r: ________________________________________________________

SDX: _________________________________________________________________

EIS: __________________________________________________________________

Call to SSA: ____________________________________________________________

Other information: _______________________________________________________

DMA-5150
Revised 10/01/2011