

Case Number \_\_\_\_\_

Case Name \_\_\_\_\_

**FACT SHEET**  
**For Private Pay by Nursing Home from Ward's Income**

**Nursing home resident, has monthly income other than SSI above Federal Poverty Income Guideline's monthly amount, and receives Medical Assistance or Family Care and does not have a community spouse receiving less monthly income than income allowance that may be allocated to community spouse for monthly maintenance.**

- (1) Is placement facility licensed as a **nursing home**? (If unsure, ask at business office)  Yes  No

Name of Nursing Home: \_\_\_\_\_

Address of Nursing Home: \_\_\_\_\_

- (2) Does subject receive **income other than Supplemental Security Income**:  Yes  No  
(Ask Social Worker at Nursing Home)

Source of Income	Yes	No	Monthly Amount
Social Security			
Pension			
Veterans Benefits			
Other Sources of Income (List)			
<b>Total Income</b>			

- (3) Does **total income exceed the Federal Poverty Income Guideline's** monthly amount for subject's family unit size? (2006 monthly amount \$816.67 for 1 person or \$1,100.00 for family of 2 persons)  Yes  No
- (4) Does subject also receive **monthly Medical Assistance or Family Care** benefit payments to pay the balance of the nursing home care costs? (Ask Social Worker at Nursing Home).  Yes  No
- (5) Does subject have a **community spouse receiving less** monthly income than the amount that may be allocated monthly from subject's income to the community spouse? This amount is twice the Federal Poverty Income Guideline monthly amount for a family size of 2 persons (\$2,200.00 per month during 2006).  No  Yes

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date