



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

IDENTIFYING INFORMATION										
<b>INSTITUTIONALIZED SPOUSE</b>		DCN	NAME				SOCIAL SECURITY NUMBER			
TELEPHONE NUMBER		ADDRESS (STREET, CITY, STATE, ZIP CODE)				RACE	SEX	BIRTHDATE		
<b>COMMUNITY SPOUSE</b>		DCN	NAME				SOCIAL SECURITY NUMBER			
TELEPHONE NUMBER		ADDRESS (STREET, CITY, STATE, ZIP CODE)				RACE	SEX	BIRTHDATE		
DATE ASSESSMENT REQUESTED	DATE INSTITUTIONALIZED	VENDOR NAME			<b>COUNTY USE ONLY</b>					
OTHER INSTITUTION NAME AND ADDRESS				VENDOR NUMBER						LIKELY TO REMAIN INSTITUTIONALIZED <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ASSESSMENT DECISION</b>	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		

DECLARATION OF ASSETS						EX-EMPT	EQUITY	HOW VERIFIED
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 ▶								
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			<b>COUNTY USE ONLY</b>				
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"> <li>• the institutionalized spouse is discharged from the nursing home or hospital</li> <li>• either spouse dies</li> <li>• we become divorced</li> <li>• the spouse who lives at home goes into a nursing home or hospital for 30 days or longer</li> </ul>											
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		DATE		
▶			▶				▶				
WITNESS		DATE	WITNESS		DATE		SUPERVISOR SIGNATURE		DATE		
▶			▶				▶				

THE ASSESSMENT WAS NOT COMPLETED BECAUSE