

Name: _____
Date of Birth: _____

SUPPLEMENT – AGED, BLIND, AND DISABLED SUPPLEMENT

Complete this supplement if you are requesting health coverage for anyone through the aged, disabled, blind, or long-term care programs. This is to be completed in addition to the Application for Health Coverage & Help Paying Costs (IM-1SSL) application.

This supplement does NOT meet the requirements of an application without the IM-1SSL.

STEP 1: To explore MO HealthNet for the Aged, Blind, and Disabled health care for you and/or your spouse.

I/We are disabled and get Social Security Disability or SSI. Yes No

I/We are disabled and **do NOT** get Social Security Disability or SSI. Yes No

Is anyone in your household blind or visually impaired? No Yes, who? _____

I/We need help paying for Medicare premiums and co-insurance costs. Yes No

I/We have a conservator, guardian, attorney-in-fact, or someone who represents me/us. Yes No

If yes, provide proof or complete Appendix C.

I/We agree to apply for other benefits I/we may be able to get (RSDI, SSI, VA, etc.). Yes No

Are you or your spouse currently serving or have you ever served in the military? Yes No

Do you plan to continue living in Missouri? Yes No

For Home and Community Based Services, Vendor (nursing home), and Supplemental Nursing Care applicants:

Do you or your spouse live in, or plan to live in, a nursing home or residential care facility? No Yes

If Yes, who? _____ Where? _____ Date? _____

My spouse and I pay for shelter expenses:

Mortgage Rent Utilities Phone Homeowner's Insurance Real Estate Taxes Condo Fees

Are you or your spouse over age 63 and need in-home nursing care? No Yes, who? _____

Do you or your spouse pay court ordered child support or alimony? No Yes

When did you and your spouse get married? (MM/DD/YYYY) _____

For Blind Pension and Supplemental Aid to the Blind applicants:

If you are blind or visually impaired and applying for cash benefits:

1. Do you have a sighted spouse or parent? Yes No
2. Do you ask or beg for money from the public? Yes No
3. Have you applied or do you agree to apply for Supplemental Security Income (SSI) as a condition of eligibility? Yes No
4. Have you had eye surgery within the last 5 years? Yes No
5. If you are younger than 75, are you willing to have medical treatment or an operation to correct your blindness? Yes No
6. Would you be willing to do job training or work at a job for which you are suited? Yes No
7. Do you have an eye doctor (either an ophthalmologist or an optometrist)? Yes No

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STEP 2: Assets

Fill out the info below to tell us about the things you (and your spouse, if married) own, such as bank accounts, stocks, bonds, life insurance, real estate, and personal property.

Money & accounts:

Do you or your spouse have money or accounts?

No If Yes, provide information below.

Money may include cash that is in your possession, at home, or that someone else is holding for you.

Accounts may include:

- Checking
- Retirement accounts
- Life insurance (with cash value)
- Savings
- Annuities
- Cryptocurrency
- Prepaid or direct deposit cards
- Stocks, bonds, investments
- Trusts

Who?	Type of Account	Name of Bank	Amount
_____	_____	_____	_____
_____	_____	_____	_____

Are you or your spouse included in or the owner of a trust? No

Yes. If yes, we must review the entire trust. You must provide a complete copy including any amendments.

Name and Date of the Trust: _____ What is your (or your spouse's) role in the trust? _____

Vehicles:

Do you or your spouse own any vehicles? No

If Yes, provide information below for all cars, trucks, recreational vehicles, watercraft, or other vehicles.

Who?	Year, Make, Model	Estimated Value	Amount Owed	How is it used? (personal, business, home, recreation, other – explain)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Real Estate Property:

Do you own or are currently buying any real estate? No

If Yes, provide information below for any houses, buildings, rental property, land/lots, or other property.

Who?	What and Where?	Estimated Value	Amount Owed	How is it used? (home, rental, business, other – explain)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other assets you own:

Do you own any other personal property? No If Yes, provide information below.

This may include:

- Mobile (trailer) Home
- Livestock, grain, produce, farm equipment, tools, etc.
- Business equipment
- Household furniture (in storage)

Who?	What?	Estimated Value	Amount Owed	How is it used? (personal, business, other – explain)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Transfer of property or assets: Tell us what property has been sold or given to others.

Have you or your spouse sold or given away any money, vehicles, property or other assets in the last 5 years? Yes No

If yes, fill out the information below:

What?	_____	To who?	_____
When?	_____	Amount Received:	_____
Why?	_____		

Life insurance and pre-paid burial plans

Does any household member own a life insurance policy or pre-paid burial plan?

Yes No

Who?	Name of company	Policy number	Cash Value	Date it began	Irrevocable? (yes or no)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Health insurance

Does anyone pay for health insurance or Medicare? Yes No

Who?	Name of insurance company	Type of coverage	Policy number	Premium amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Long term care insurance

Does any household member have long term care insurance? Yes No

Who?	Name of company	Policy number	Policy holder	Premium amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____