MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
**AGED, BLIND, AND DISABLED SUPPLEMENT**

| **SUPPLEMENT – AGED, BLIND, AND DISABLED SUPPLEMENT** |
|---|
| Complete this supplement if you are requesting health coverage for anyone through the aged, blind, disabled, or long-term care programs. If the person requesting coverage is under the age of 18, include their information as well as the information for any of their parents living in the home.<br><br>**This supplement does NOT meet the requirements of an application.** This is to be completed in addition to the Application for Health Coverage & Help Paying Costs (IM-1SSL) or a MO HealthNet application online or by phone. |
| **STEP 1:** To explore MO HealthNet for the Aged, Blind, and Disabled for you and/or your spouse, or a disabled child. |
| Name |
| Date of Birth |
| Social Security Number |
| DCN |

| |
|---|
| Name |
| Date of Birth |
| Social Security Number |
| DCN |

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

If yes, who?

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

If yes, who?

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

If yes, who?

I/We have a conservator, guardian, attorney-in-fact, or someone who represents me/us. If yes, provide proof or complete Appointing an Authorized Representative (IM-6AR). ☐ Yes ☐ No

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

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|---|
| Do you plan to continue living in Missouri? ☐ Yes ☐ No |
| For Home and Community Based Services (HCB), Vendor (nursing home), and Supplemental Nursing Care (SNC) applicants: |
| Do you or your spouse live in or plan to live in a nursing home or residential care facility? ☐ Yes ☐ No<br>If Yes, who? |
| Facility Name: |
| Date: |
| Facility Address: |
| Continue - For HCB, Vendor (nursing home), and SNC applicants: |
| My spouse and I pay for shelter expenses (monthly or say how often): |
| ☐ Mortgage $<br>☐ Rent $<br>☐ Electric $<br>☐ Water $<br>☐ Homeowner's Insurance $<br>☐ Real Estate Taxes $<br>☐ Condo Fees $<br>☐ Phone $ |

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

If Yes, Who?

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

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

For Blind Pension and Supplemental Aid to the Blind applicants:

Is anyone blind or visually impaired and applying for Blind Pension or Supplemental Aid to the Blind (cash benefits)?

☐ Yes ☐ No

If Yes, who?

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 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 years old, 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

Doctor's name

Phone number

Address

**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? If yes, fill out the information below. ☐ Yes ☐ No

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

- Checking or Savings – including online accounts, such as Ally or Chime
- Mobile payment accounts – including (but not limited to) Venmo, PayPal, CashApp, and Zelle
- Prepaid or direct deposit cards
- Annuities (submit copy)
- Stocks, bonds, investments
- Life insurance (with cash value)
- Cryptocurrency
- Trusts (submit copy)

| |
|---|
| Who? |
| Type of Account |
| Name of Bank |
| Account Number |
| Balance |
| Who? |
| Type of Account |
| Name of Bank |

| |
|---|
| Account Number |
| Balance |
| Who? |
| Type of Account |
| Name of Bank |
| Account Number |
| Balance |
| Who? |
| Type of Account |
| Name of Bank |
| Account Number |
| Balance |

## Trusts

Are you or your spouse an owner or beneficiary of a trust?

☐ Yes ☐ No

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?<br>☐ Yes ☐ No<br>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) |
| Who? |
| Year, Make, Model |
| Estimated Value |

| |
|---|
| Amount Owed |
| How is it used? (personal, business, home, recreation, other – explain) |
| Who? |
| Year, Make, Model |
| Estimated Value |
| Amount Owed |
| How is it used? (personal, business, home, recreation, other – explain) |
| **Real Estate Property** |
| Do you or your spouse own or are currently buying any real estate?<br>☐ Yes ☐ No<br>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) |
| Who? |
| What and Where? |
| Estimated Value |
| Amount Owed |
| How is it used? (home, rental, business, other – explain) |
| Other assets you own |
| Do you or your spouse own any other personal property?<br>☐ Yes ☐ No<br>If Yes, provide information below.<br>This may include:<br>• Mobile (trailer) Home<br>• Business equipment |

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|---|
| • Household furniture (in storage)<br>• Livestock, grain, produce, farm equipment, tools, etc. |
| Who? |
| What? |
| Estimated Value |
| Amount Owed |
| How is it used? (personal, business, other – explain) |
| Who? |
| What? |
| Estimated Value |
| Amount Owed |
| How is it used? (personal, business, other – explain) |
| Transfer of property or assets |
| Have you or your spouse sold or given away any money, vehicles, property or other assets in the last 5 years?<br>☐ Yes ☐ No<br>If yes, fill out the information below: |

| |
|---|
| What? |
| To whom? |
| When? |
| Amount Received? |
| Why? |
| Life insurance and pre-paid burial plans |
| Do you or your spouse own a life insurance policy?<br>☐ Yes ☐ No |
| Who? |
| Name of company |
| Policy number |
| Cash Value |
| Date it began |
| Irrevocable? ☐ Yes ☐ No |
| Who? |

| |
|---|
| Name of company |
| Policy number |
| Cash Value |
| Date it began |
| Irrevocable? ☐ Yes ☐ No |
| Do you or your spouse own a prepaid burial policy?<br>☐ Yes ☐ No |
| Who? |
| Name of company |
| Policy number |
| Cash Value |
| Date it began |
| Irrevocable? ☐ Yes ☐ No |
| Health insurance |
| Do you or your spouse pay for health insurance or Medicare?<br>☐ Yes ☐ No |
| Who? |
| Name of company |

| |
|---|
| Type of coverage |
| Policy number |
| Premium amount and frequency |
| Who? |
| Name of company |
| Type of coverage |
| Policy number |
| Premium amount and frequency |
| Long-term care insurance |
| Do you or your spouse have long-term care insurance?<br>☐ Yes ☐ No |
| Who? |
| Name of company |
| Policy number |
| Policy holder |
| Premium amount and frequency |
| Who? |
| Name of company |

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|---|
| Policy number |
| Policy holder |
| Premium amount and frequency |
| Additional Information |
| |
| Return Information |
| Upload your document: Visit mydssupload.mo.gov to upload a copy of your document<br><br>Mail to: Family Support Division<br>PO BOX 2700<br>Jefferson City, MO 65102<br><br>Fax to: 573-526-9400 |

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