

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?
If yes, Who?

YES
 NO

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.).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you or your spouse currently serving or have you ever served in the military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you plan to continue living in Missouri?	<input type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, who?	
Where?	
Date?	
My spouse and I pay for shelter expenses:	
Mortgage <input type="checkbox"/>	Rent <input type="checkbox"/>
Utilities <input type="checkbox"/>	Phone <input type="checkbox"/>
Homeowner's Insurance <input type="checkbox"/>	Real Estate Taxes <input type="checkbox"/>
Condo Fees <input type="checkbox"/>	
Are you or your spouse over age 63 and need in-home nursing care?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Who?	
Do you or your spouse pay court ordered child support or alimony?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you ask or beg for money from the public?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you applied or do you agree to apply for Supplemental Security Income (SSI) as a condition of eligibility?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have you had eye surgery within the last 5 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. If you are younger than 75, are you willing to have medical treatment or an operation to correct your blindness?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Would you be willing to do job training or work at a job for which you are suited?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Do you have an eye doctor (either an ophthalmologist or an optometrist)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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:

<p>Do you or your spouse have money or accounts? If Yes, provide information below.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Money may include cash that is in your possession, at home, or that someone else is holding for you. Accounts may include:</p>	
<p>Checking, Savings, Prepaid or direct deposit cards, Retirement accounts, Annuities, Stocks, bonds, investments, Life insurance (with cash value), Cryptocurrency, Trusts</p>	
Who?	
Type of Account	
Name of Bank	
Amount	
Who?	
Type of Account	
Name of Bank	
Amount	
<p>Are you or your spouse included in or the owner of a trust? If yes, we must review the entire trust. You must provide a complete copy including any amendments.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name and Date of Trust	

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What is your (or your spouse's) role on the trust?

Vehicles:

Do you or your spouse own any vehicles? If Yes, provide information below and include all cars, trucks, recreational vehicles, watercraft, or other vehicles.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Who?	
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Year, Make, Model	
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Estimated Value	
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Amount Owed	
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How is it used? Personal Business Home Recreation Other (explain)	
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Who?	
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Year, Make, Model	
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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? If Yes, provide information below and include houses, buildings, rental property, land/lots, or other property.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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 own any other personal property? If Yes, provide information below. This may include	<input type="checkbox"/> YES <input type="checkbox"/> NO
Mobile (trailer) Home, Business Equipment, Household Furniture (in storage), 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: 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? If yes, fill out the information below:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Who?		
Name of company		
Policy number		
Cash Value		
Date it began		
Irrevocable? (yes or 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?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Who?		
Name of company		
Type of coverage		

Policy number	
Premium amount	
Who?	
Name of company	
Type of coverage	
Policy number	
Premium amount	
Long-term care insurance	
Does any household member have long-term care insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Who?	
Name of company	
Policy number	
Premium amount	
Who?	
Name of company	
Policy number	
Premium amount	