DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

Helping people. It's who we are and what we do.

☐ TANF ☐ MEDICAID ☐ SNAP

Date: _____
Case Name: _____
Case ID: _____

SPOUSAL HOUSING, INCOME AND RESOURCE QUESTIONNAIRE

Due to mandated spousal impoverishment provisions in the Medicare Catastrophic Coverage Act, portions of your community income and resources must be made available for the benefit of your spouse. Please complete the following information concerning **your spouse** and provide **verification** of income, resources and housing expenses by _____ . FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE INELIGIBILITY FOR MEDICAID COVERAGE.

Spouse's Name: _____ Social Security No.: _____

Address: _____

Spousal Income (Monthly)

Source	Amount

Spousal Expenses (Monthly) for Rent or Mortgage. Include mortgage principal and interest, taxes and insurance.

Type	Amount

Does your spouse live in the same residence as a minor dependent or child, dependent parents or dependent siblings? (Claimed as dependents for Federal Income Tax purposes) ☐ YES ☐ NO

If YES, please list their name(s) and relationship to you or your spouse. What is their monthly income and source(s)?

Name	Relationship	Income Amount	Source

Check the box for each item below that your spouse owns or jointly owns with someone else:

a. Life Insurance .... ☐YES   NO

b. Funds Set Aside for Burial .... ☐YES   NO

c. Savings (Time) Certificates .... ☐YES ☐ NO

d. Individual Retirement Account .... ☐YES ☐ NO

e. Stocks or Bonds .... ☐YES ☐ NO

f. Banking/Credit Union Accounts .... ☐YES ☐ NO

g. Safe Deposit Box .... ☐YES ☐ NO

h. Cash on Hand .... ☐YES ☐ NO

i. Livestock .... ☐YES ☐ NO

j. Machinery or Equipment .... ☐YES ☐ NO

k. Real Property (located anywhere) .... ☐YES ☐ NO

l. Vehicles (all kinds) .... ☐YES ☐ NO

m. Other (specify) _____ ☐YES ☐ NO

Client Signature	Print Name	Date	Telephone Number