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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-20919D (01/2017) | **STATE OF WISCONSIN**  Wis. Stat. 46.27(6u)(d);49.453 and 49.47  42 CFR 441 |
| **DECLARATION REGARDING TRANSFER OF RESOURCES**  **LONG-TERM CARE MEDICAID WAIVER PROGRAM AND / OR COMMUNITY OPTIONS PROGRAM** | |
| Completion of this form is mandatory per Wis. Stat. 46.27(6u)(d); 49.453 and 49.47; and the Federal Deficit Reduction Act of 2005. Prohibited divestments are a bar to the Community Options Program and to the Medicaid Home and Community Based Waiver eligibility; therefore, applicants/ participants must complete this form so the caseworker can ascertain whether or not they are eligible. | |

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| **Care Manager / Support and Service Coordinator:** | | | | | | | | | | | | |
| Complete this form at application or at review and send it to your Income Maintenance Worker for an evaluation of a possible divestment when a Community Options Program and / or Group A (SSI, SSI-E, Katie Beckett) Medicaid Waiver participant / applicant answers "Yes" to one or more of the questions below. | | | | | | | | | | | | |
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| Name - Applicant / Participant: | | | | |  | | | | | | |  |
|  | | |  | | | | | | | | | |
| Participant’s Medicaid Number: | | | | |  | | |  | | | | |
|  | | |  | | | | | | | | | |
| **Yes** | **No** |  |  | | | | | | | | | |
|  |  | 1. | Have you or your spouse sold, traded, transferred or given away property, land, stocks, bonds, cash, vehicles, or anything of value in the past **60 months**?  If yes, specify the date of the purchase, the value of the life interest, and the seller’s relationship to the applicant/participant. | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | Date of Transfer | | Item(s) Transferred | | | | Approximate Value | | Name of Person to Whom Property was Transferred and Relationship to  Applicant / Participant | |
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|  | | |  | | 4. |  | | |  | |  | |
|  | | |  | | 5. |  | | |  | |  | |
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| **Yes** | **No** |  |  | | | | | | | | | |
|  |  | 2. | Have you or your spouse purchased a life interest in another individual’s home?  If yes, specify the date of the purchase, the value of the life interest, and the seller’s relationship to the applicant/participant. | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | Date of Life  Interest Purchase | | | | Approximate Value | | | Name of Person from Whom Life Interest was Purchased & Relationship to Applicant / Participant | | |
|  | | | 1. |  | | |  | | |  | | |
|  | | | 2. |  | | |  | | |  | | |
|  | | | | | | | | | | | | |
| **Yes** | **No** |  |  | | | | | | | | | |
|  |  | 3. | Have you or your spouse purchased a promissory note(s), a loan(s), or a mortgage(s)?  If yes, specify the date of the purchase, the value of the note(s), loan(s), or mortgage(s), and the seller’s relationship to the applicant/participant. | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | Date of Purchase | | | | Approximate Value | | | Name of Person from Whom Note, Loan or Mortgage was Purchased & Relationship to Applicant / Participant | | |
|  | | | 1. |  | | |  | | |  | | |
|  | | | 2. |  | | |  | | |  | | |
|  | | | 3. |  | | |  | | |  | | |
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| **Yes** | **No** | |  |  | | | | | | | | |
|  |  | | 4. | Have you or your spouse purchased an annuity?  If yes, specify the date of the purchase, the value of the annuity and the seller’s relationship to the applicant/participant. | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | Date of Purchase | | Approximate Value | | Name of Person from Whom the Annuity was Purchased & Relationship to Applicant / Participant | | | | |
|  | | | | 1. |  |  | |  | | | | |
|  | | | | 2. |  |  | |  | | | | |
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|  | | | | | | | | | | | | |
| **Yes** | **No** | |  |  | | | | | | | | |
|  |  | | 5. | If you or your spouse own any annuities that were purchased prior to January 1, 2009, have any of the following transactions occurred after January 1, 2009, to that annuity?   * Additions of principal * Elective withdrawals * Requests to change the distribution of the annuity * Elections to annuitize the contract * A change in ownership   If yes, specify the date, transaction, amount(s), and the seller’s relationship to the applicant/participant. | | | | | | | | |
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|  | | | | Date of Transaction | | | Type of Transaction | | | | Value of the Transaction | |
|  | | | | 1. |  | |  | | | |  | |
|  | | | | 2. |  | |  | | | |  | |
|  | | | | 3. |  | |  | | | |  | |
|  | | | | | | | | | | | | |
| **Yes** | **No** | |  |  | | | | | | | | |
|  |  | | 6. | Have you or your spouse created a trust or added funds to a trust **within the last five years?**  If yes, specify the date, transaction, amount(s), and the seller’s relationship to the applicant/participant. | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | Date of Transaction | | | Type of Trust Established (if funds were added to trust, so indicate) | | | | Approximate Value | |
|  | | | | 1. |  | |  | | | |  | |
|  | | | | 2. |  | |  | | | |  | |
|  | | | | 3. |  | |  | | | |  | |
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|  | | **SIGNATURE** - Participant | | | | | | |  | Date Signed | |  |
|  | | | | | | | | | | | | |

NOTE: If more space is needed, use additional forms ([F-20919D](https://www.dhs.wisconsin.gov/library/F-20919D.htm)).