

**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.

**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.

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
	1.		
	2.		
	3.		
	4.		
	5.		

**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.	

**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.		
3.		

**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.

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.		

\_\_\_\_\_  
**SIGNATURE** - Participant

\_\_\_\_\_  
Date Signed

NOTE: If more space is needed, use additional forms ([F-20919D](#)).