

Ohio Department of Medicaid
COMMUNITY SPOUSE RESOURCE AND INCOME INFORMATION

Complete when an institutionalized spouse is determined to be over the resource limit due to the resources of the community spouse, and the community spouse to make the resources available to the institutionalized spouse.

Section I

Name of Community Spouse	Assistance Group Name		
Street Address	Assistance Group Number		
City, State, and Zip Code	County	Mailing Date	

Section II

List the resources and income held by community spouse. Be as specific as possible. (Examples: Bank account numbers, insurance policy names and claim numbers, addresses of property, make and model of automobiles and award letters) Attach any documentation that is available.

Resources	Documentation, Account numbers, policies, etc	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total		

Caseworker Signature	Unique Identifier	Telephone Number	Date
Supervisor Signature			Date

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