



Medical Assistance (Medicaid) Financial Eligibility Application for Long Term Care, Supports and Services

You may also apply online at www.compass.state.pa.us

Check any that you are applying for:

- Care in a Facility
- Home and Community Waiver Services Type/Name of Waiver/Service: _____
- Other _____

- * Please read the entire application form
- * Print the requested information in the unshaded sections
- * If you need help, another person can help you or you can get help from your county assistance office

You or any representative you choose may complete this application. Your representative can be your spouse, a friend, a relative, a person who has your power of attorney, or your medical provider. It should be someone who knows and can provide information about your income and resources. If you are married, information in some sections must be completed for both you and your spouse.

After the form is completed, bring it, have someone else bring it, or mail it to the county assistance office unless you are instructed otherwise. The county assistance office will tell you if a face to face interview is needed. You will need proof of identity and verification for other information on the form unless we already have

the information in our records. If you need help to obtain any information ask the county assistance office for help. You should attach verification to this form.

Persons who have given away assets (income or resources) since February 8th, 2006 or set up or transferred assets to a trust within five years prior to applying for Medical Assistance for long term care, supports and services may be ineligible for benefits. Because of this requirement, you may need to provide verification of assets owned during the past five years even though you may no longer own them. We will use your Social Security Number to get information about your assets for the five years prior to your application.

If the information is complete and you have provided the necessary verification (with this form, if possible), the county assistance office will notify you within 30 days of receiving your application if you are eligible, ineligible or if additional information is needed.

PROVIDER USE			
NAME		NUMBER	
ADDRESS		NUMBER	
DATE OF ADMISSION	DATE OF OPTIONS ASSESSMENT	REQUESTED EFFECTIVE DATE	
CONTACT NAME/TELEPHONE NUMBER/ADDRESS			

CAO USE				
CO.	DIST	RECORD NUMBER	FILE CLEARED BY	APPL. REG. NO.
WORKER I.D.			CASELOAD	
<input type="checkbox"/> AUTHORIZED REASON				CATEGORY
<input type="checkbox"/> NOT AUTHORIZED REASON				DATE