



Gallia County

848 Third Avenue
Gallipolis, Ohio 45631

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www.ohiomeansjobs.com/Gallia

Nursing Home & Community Based Service (HCBS) Waiver Screen Sheet

Applicant: _____

Spouse's Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Resources

Does **anyone** in your household have any of the following assets? (**You must provide verification of all resources**)

Resource	Yes	No	Resource	Yes	No
Dividends/Interest			Mortgage		
Cash			Tax Shelter Accounts		
Savings Accounts			Cemetery Lots		
Savings Certificates			IRA		
Checking Accounts			Keogh Plan		
Trust Fund/Estate			Credit Union		
Stocks and Bonds			Christmas Club		
Revocable Burial Contracts			Annuity		
Irrevocable Burial Contracts			Mutrual Funds		
Individual Development Accounts			Promissory Notes		
Does anyone in your household own a life estate interest in real property?					
Does anyone in your household own/is buying real/personal property including your home?					
Does anyone in your household have a life insurance policy?					
Has anyone in your household received a lump sum in the last 12 months?					
*Has anyone in your household transferred, sold or given away real property or any other resource with the last five years (seven for a trust)?					

Please return all pages, failure to do so could result in denial of your application.

*If yes, complete the following: Transfers, given away or sold resources:

Owners Name	
Resource Transferred	
Date Transferred	
Value	
% Joint Owned	
Transfer to (name)	
Amount	
Reason	

Does anyone in your household own/is buying a vehicle?	Yes	No
If yes, complete the following:		
Owner's Name		
Type of Vehicle		
Make		
Model		
Year		
Usage		
Available		
Joint Owner		
Market Value		
Amount Owed		
Owed to Whom		
Junked		

Note: This list is not all-inclusive and additional information may be required following review to determine your eligibility.

Signature of Applicant **Date**

Authorized Representative, Relationship to Applicant

Please return all pages, failure to do so could result in denial of your application.