



Name of Applicant _____

Case Number _____

Date Received _____

Application for Health Coverage and Help Paying Costs

APPENDIX E (Medically Needy Spenddown)

Complete Appendix E if you have applied for Health care Coverage for someone who is medically needy (has income greater than the Medicaid limit and would like to be evaluated based on income, resources and medical expenses). LIFC (low income families with children) applicants cannot be evaluated as medically needy.

SECTION 1 Resources and Assets

Answer for the applicant and his or her husband, wife and/or parents and siblings (if applicant is a child). Include any resources anyone owns, or that are jointly owned with someone else, even if that person does not live with you. List the names of all joint owners.

Do you or anyone who lives with you have any of the following resources or assets?

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes | No | Yes | No | Yes | No |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

IMPORTANT: If you have **any of the above** resources, please provide the following information and return documents, such as bank statements, life insurance policies, or a letter from the bank or company documenting the **cash value of the resource**. Verify any liens which reduce cash value. Use additional pages to list additional resources.

Complete the following section for any **“Yes”** answers

Owner Name (last, first, middle initial)		Co-owner Name (last, first, middle initial)	
a.			
Name of Bank, Institution or Company	Resource Type	Identifying Number	Balance or Value \$
Address of Bank, Institution or Company (if applicable)			
Owner Name (last, first, middle initial)		Co-owner Name (last, first, middle initial)	
b.			
Name of Bank, Institution or Company	Resource Type	Identifying Number	Balance or Value \$
Address of Bank, Institution or Company (if applicable)			
Owner Name (last, first, middle initial)		Co-owner Name (last, first, middle initial)	
c.			
Name of Bank, Institution or Company	Resource Type	Identifying Number	Balance or Value \$
Address of Bank, Institution or Company (if applicable)			

