Appendix D

Adults Over Age 19 with Disabilities and Other Adults age 65 and Over, Including People Who Need Long-term Care Services

When to use Appendix D

Complete Appendix D if you are applying for Medical Assistance for someone who is:

- age 19 years or over and disabled,
- age 65 years or over,
- any age and needs Long-term Care Services.

What is Appendix D Used For?

Appendix D gathers additional information needed to determine your eligibility for Medical Assistance.

Appendix D is not a stand-alone application. You must also complete the Application for Health Coverage and Help Paying Costs and submit Appendix D with the application.

Section 1. Household Information

1. Has anyone in your household ever applied for or received any Medical Assistance from a social service agency in another state or Virginia city or county?  □ Yes  □ No
   — If yes, please indicate which state or Virginia city or county below:

2. Is anyone in your household temporarily away from home?  □ Yes  □ No
   — If yes, please provide the following information:

   Name  Date Left

   Reason for Leaving  Where is the person currently staying?

   Where is the person currently staying?  Expected Return Date
3. Has anyone in your household ever been determined to be disabled by the Social Security Administration?  
   ☐ Yes  ☐ No  — If yes, please provide the name of the individual:

   Name

   Name

**Answer questions 4-10 if any applicants are under age 65 years.**

4. Are you or is anyone for whom you are applying disabled?  
   ☐ Yes  ☐ No  
   — If yes, please provide the name of the persons:

   Name of Person  Name of Person

5. Have you or anyone for whom you are applying ever applied for Social Security, Supplemental Security Income (SSI) or Railroad Retirement benefits as a disabled person?  
   ☐ Yes  ☐ No  
   — If yes, please provide the name of the persons and date of application:

   Name of Person and Date of Application  Name of Person and Date of Application

6. If the application for Social Security, Supplemental Security Income (SSI) or Railroad Retirement benefits was denied, did you file an appeal of the denial?  
   ☐ Yes  ☐ No  
   — If yes, please tell us the outcome of the appeal.

7. Has it been less than 12 months since the most recent application for Social Security, Supplemental Security Income (SSI) or Railroad Retirement benefits was denied?  
   ☐ Yes  ☐ No

8. Has the condition changed or worsened since the most recent application for disability was denied?  
   ☐ Yes  ☐ No

9. Do you or your spouse have a new medical condition since the most recent application for disability was denied?  
   ☐ Yes  ☐ No

10. Have you or your spouse ever received Supplemental Security Income (SSI), disability benefits from the Social Security Administration or Auxiliary Grant payments?  
    ☐ Yes  ☐ No  
    Has the payment stopped?  ☐ Yes  ☐ No  
    — If yes, explain whose payment stopped, when it stopped, and why it stopped.
Section 2. Long-term Care

Answer questions 11-14 if you are applying for anyone who is in a nursing facility or assisted living facility, or who requires nursing home care or assistance to remain in the home.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Do you or your spouse need nursing facility care or help such as bathing, dressing, toileting, etc., so that you can remain in your own home?</td>
<td>q</td>
<td></td>
</tr>
<tr>
<td>—If yes, and there is a spouse who lives somewhere else, what is the name and address of the spouse?</td>
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<tr>
<td>(Note: Under Virginia law persons are considered married and legally responsible for each other until they divorce.)</td>
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12. Do you or your spouse live in one of the following:
- Assisted Living Facility (ALF)
- Nursing Facility
- Group Home
- Hospital or other Medical Facility

If you checked one of the above, please provide the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Entry</th>
<th>In What County Was the Prior Address?</th>
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</table>

Person’s address prior to entering the facility

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Facility Address</th>
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Was placement made by a State agency?  q  Yes  q  No

13. Does the individual in the nursing facility or requiring assistance in the home have long-term care insurance?  q  Yes  q  No

If yes, please provide the following information:

<table>
<thead>
<tr>
<th>Name of Insurance Company</th>
<th>Address</th>
<th>City, State, ZIP</th>
</tr>
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Policy Number  Person(s) Insured  Is this a Partnership Policy?  q  Yes  q  No
14. Have you or your spouse sold, transferred, placed in a trust/annuity, or given away any resources, such as your home or other real property, cash, bank accounts, or cars in the last sixty (60) months (5 years)?

☐ Yes  ☐ No  — If yes, please provide the following information:

<table>
<thead>
<tr>
<th>Type of Property Transferred</th>
<th>Value at Transfer</th>
<th>Amount Received</th>
<th>Date of Transfer</th>
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</table>

From Whom ___________________________  To Whom ___________________________

Explain the Reason for Transfer

Note: If more than one transfer has occurred, please attach documentation.

Section 3. Resources and Assets

16. Do you or your spouse have any money/cash on hand that is not in a bank?  ☐ Yes  ☐ No

— If yes, please provide the following information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
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</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount</th>
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17. Do you or your spouse have any of the following resources?  ☐ Yes  ☐ No

— If yes, please check the boxes that apply and provide the information requested below:

☐ Checking, Savings  ☐ Deferred Compensation Plan  ☐ Christmas Club
☐ Credit Union  ☐ Certificate of Deposit (CD)  ☐ Money Market Funds

1.

Owner Name  Co-Owner Name

Name of Bank  Account Type  Account Number  Balance/Value

2.

Owner Name  Co-Owner Name

Name of Bank  Account Type  Account Number  Balance/Value

3.

Owner Name  Co-Owner Name

Name of Bank  Account Type  Account Number  Balance/Value
Is your income (Social Security or SSI benefits, retirement pension, wages, etc.) deposited directly into any of the accounts you listed?  □ Yes  □ No  If yes, which account?  

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18. Do you or your spouse have any stocks or bonds, trust funds, pension plans, retirement accounts, trusts, annuities, promissory notes, or deeds of trust?  □ Yes  □ No
— If yes, please provide the following information:

1. Owner Name   Co-Owner Name
Where is the Account Held?   Account Type
Account Number   Balance/Value

2. Owner Name   Co-Owner Name
Where is the Account Held?   Account Type
Account Number   Balance/Value

3. Owner Name   Co-Owner Name
Where is the Account Held?   Account Type
Account Number   Balance/Value

19. Do you or your spouse have any life insurance?  □ Yes  □ No
— If yes, please provide the following information:

1. Owner Name
Person Insured
Type of Insurance (whole life or term)
Company Name
Policy Number
Face Value   Cash Value

2. Owner Name
Person Insured
Type of Insurance (whole life or term)
Company Name
Policy Number
Face Value   Cash Value

3. Owner Name
Person Insured
Type of Insurance (whole life or term)
Company Name
Policy Number
Face Value   Cash Value
20. Do you or your spouse have burial plots, burial arrangements, or trust funds for burial?  ☐ Yes  ☐ No
— If yes, please provide the following information:

<table>
<thead>
<tr>
<th>Owner(s)</th>
<th>Item/Type</th>
<th>Value/Amount Owed</th>
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<tbody>
<tr>
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21. Do you or your spouse have real property, including home property, life rights/estates, shares in undivided heir property, land, buildings, or mobile homes?  ☐ Yes  ☐ No
— If yes, please provide the following information:

<table>
<thead>
<tr>
<th>Owner(s)</th>
<th>Type of Property/Number of Acres</th>
<th>Value/Amount Owed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Do you live on this property?  ☐ Yes  ☐ No
Is this property currently for sale?  ☐ Yes  ☐ No
Is this property rented?  ☐ Yes  ☐ No
Do you receive money from this property?  ☐ Yes  ☐ No

22. Do you or your spouse have any licensed or unlicensed cars, trucks, vans, boats, motor homes, recreational vehicles, utility trailers, motorcycles, or mopeds?  ☐ Yes  ☐ No
— If yes, please provide the following information:

<table>
<thead>
<tr>
<th>Owner(s)</th>
<th>Year-Make-Model</th>
<th>Value/Amount Owed</th>
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</tbody>
</table>
23. Do you or your spouse have any property that is used in the operation of a business, such as farm
equipment, tools, or livestock?  □ Yes  □ No
— If yes, please provide the following information:

<table>
<thead>
<tr>
<th>Owner(s)</th>
<th>Type</th>
<th>$</th>
<th>$</th>
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24. Do you or your spouse expect a change in resources this month or next month?  □ Yes  □ No
— If yes, please explain below and give the date the change is expected:

Date Change Expected

29. Does anyone help you pay, or lend you money to pay rent, utilities, medical bills, or any other bills?
□ Yes  □ No
— If yes, please provide the following information:

<table>
<thead>
<tr>
<th>Person Receiving Money</th>
<th>Person Providing Help</th>
<th>$</th>
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Does the money come directly to you?
Yes  No
Is this a loan?
Yes  No
Is repayment expected?
Yes  No
Section 4. Commonwealth of Virginia Voter Registration Agency Certification

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Please check only one)

☐ I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.

☐ Yes, I would like to apply to register to vote. (please fill out the voter registration application form)

☐ No, I do not want to register to vote.

If you do not check any box, you will be considered to have decided not to register to vote at this time.

Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency. If you decline to register to vote, this fact will remain confidential. If you do register to vote, the office where your application was submitted will be kept confidential, and it will be used only for voter registration purposes. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with Secretary of the Virginia State Board of Elections, Washington Building, 1100 Bank Street, Richmond, VA 23219-3497, phone (804) 864-8901.

_____________________________ _____________________________ ______________
Applicant Name    Signature    Date

(For agency use only)

Voter Registration form completed:    ☐ Yes    ☐ No
Voter Registration form given to applicant for later mailing (at applicant’s request):    ☐

_____________________________ _____________________________
Agency Staff Signature    Date