

## STATEMENT OF INTENT TO RETURN HOME

**Applicant/Recipient's Name:** \_\_\_\_\_

**Instructions:** Record the applicant/recipient's (or his representative's) responses to the following questions and have him sign the form. File the completed and signed form in the Medicaid case record.(Refer to MA-2230, Financial Resources, VII.A.1.c.(3) and VII.A.2.)

1. When did you move out of your home? \_\_\_\_\_

\_\_\_\_\_

2. Why did you move out of your home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Do you intend to return home? \_\_\_\_\_

4. You previously stated that you were going to return home and now you do not intend to return home.

When did you decide this? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Recipient (or representative)

\_\_\_\_\_  
Date