

DOCUMENTATION OF PASSALONG ELIGIBILITY OR INELIGIBILITY

Instructions: Use this form to document in the permanent case record consideration of potential eligibility for disregard of all or part of Social Security income under MA-2110. Complete and retain this documentation in any case where an applicant or recipient has Social Security income and is over-income for CN MAABD without consideration of passalong disregards.

Date completed: _____

Completed by: _____

Did a/r ever receive SSI? Yes ____ NO ____

If yes, date terminated _____

If currently living in assisted living, did a/r ever receive Special Assistance? Yes ____
NO ____ NA ____

If yes, date terminated _____

1. COLA Passalong: Eligible ____ Ineligible ____ Reason: _____

2. DAC passalong: Eligible ____ Ineligible ____ Reason: _____

3. Widow(er)s passalongs: Eligible ____ Ineligible ____ Reason: _____

Sources checked and information obtained:

Statement of a/r: _____

SDX: _____

EIS: _____

Call to SSA: _____

Other information: _____