

STATEMENT OF SPOUSE OR DEPENDENT RELATIVE IN THE HOME

Applicant/Recipient's Name: _____

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

1. Is anyone living in your home? ___ Yes ___ No. If someone is living in that home, what is his or her name? _____

2. Is that person related to you? ___ Yes ___ No. If so what is his or her relation to you? _____

3. If that person is someone other than your spouse, is he or she dependent upon you for housing, financial support, food, clothing, or in any other way? ___ Yes ___ No. If so, how is he or she dependent on you? _____

Signature of Applicant/Recipient (or representative)

Date