

Case Name _____

Individual ID# _____

Establish Starting Point/Lookback

Has lookback period been previously determined? No. Continue to next section.

Yes. **STOP.** Enter dates here.

Lookback date for most transfers: _____ Lookback date for transfers to trust/annuities: _____
(Note: Once lookback date/period established, it will never change.)

Check EIS history on individual (name search, social security number, application history)

When was A/R's first Medicaid application in **any** program category? _____

If the **first** Medicaid application was: Prior to 2/1/03 or on or after November 1, 2007, go to **Step 1.**
2/1/03 through October 31, 2007, go to **Step 2.**

***** STEP 1 *****

Has the A/R ever resided in a nursing facility? Yes No Date _____

If **yes**, did the A/R apply for/receive Medicaid? Yes No Date _____

Or

Has the A/R ever been placed on a CAP waiting list? Yes No Date _____

If **yes**, did the A/R apply for/receive Medicaid? Yes No Date _____

The starting point is the **first date** that **both conditions** are met. **Starting Point** = _____

Lookback date for most transfers _____

Lookback date for transfers to trusts & annuities _____

***** STEP 2 *****

First Medicaid application dated after 2/1/03 and before November 1, 2007.

The starting point for determining the lookback date for individuals whose first application for Medicaid is on or after 2/1/03 is the date of application.

Starting Point (Date of application) _____

Lookback date for most transfers _____

Lookback date for transfers to trusts & annuities _____

Worker Signature _____ Date Completed _____