



TENNCARE

County: \_\_\_\_\_

RESOURCE ASSESSMENT

- 1. Name of Institutionalized: Hunter SSN: 123 - 45 - 6789
- 2. Name of Facility: Nursing Home Date of Admit: 2 / 19 / 20
- 3. Prior Facilities: Hospital Date entered: 2 / 16 / 20 Date left: 2 / 19 / 20  
Date entered:  / /  Date left:  / /
- 4. Name of Community Spouse: Korow SSN: 123 - 45 - 6789
- 5. Community Spouse Address: Korow Phone: (615) 456 - 7890
- 6. Date and Place of Marriage: \_\_\_\_\_
- 7. Request Date:  / /  By Whom: Korow Relationship: Spouse

Description of Resources

Name of Owner	Type/Description of Resource	Where Located	Value	Encumbrances	Equity Value
Hunter & Korow	Homestead	Nashville	\$650,000.00		Exempt
Hunter	2014 Land Rover	"	\$29,382.00		\$29,382.00
Korow	2016 Lexus LS	"	\$31,039.00		\$31,039.00
Hunter	1962 Corvette	"	\$70,000.00		Exempt
Hunter & Korow	checking	BANK	\$50,000.00		\$50,000.00
Hunter & Korow	checking	Invest. Co	\$50,000.00		\$50,000.00
Hunter & Korow	invest. Acct.	"	\$50,000.00		\$50,000.00
Hunter & Korow	invest. Acct.	"	\$100,000.00		\$100,000.00
Hunter	IRA		\$200,000.00		\$200,000.00
Korow	IRA		\$500,000.00		\$500,000.00
Total Equity Value =					\$1,010,416

I certify that the above description of resources is true and correct to the best of my knowledge.

Signature

Institutionalized Spouse

Date

Community Spouse

Date

8. Total Equity Value: \$ 1,010,916 divided by 2 = \$505,208
- Compare results in #8: must equal no less than \$23,448.00 or no more than \$128,640.00

*(If the results is less than \$23,448.00 from the Total Equity Value – The spouse can keep at least \$23,448.00 – the patient has to spend down the remainder;*

*If the results us more than \$117,240.00, subtract \$117,240.00 from the Total Equity Value – The spouse can keep only \$117,240.00 – the patient has to spend down the remainder)*

- Court-ordered amount for the spousal allocation \$ \_\_\_\_\_
  - Amount determined by appeals officer based on hardship \$ \_\_\_\_\_
9. a. Amount of resources allocated to community spouse: \$ 128,640.00  
 b. Amount of resources to be spent down by the patient: \$ 825,738.00  
 c. List of resources to be transferred to:

Community Spouse		Institutionalized Spouse	
Item	Equity Value	Item	Equity Value
(1)		(1)	
(2)		(2)	
(3)		(3)	
(4)		(4)	
(5)		(5)	
Total: \$		Total: \$	

I agree to transfer the above itemized resources to my spouse within 12 months of approval for Medicaid for the institutionalized spouse.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Right of Appeal**

The above assessment has been made at your or your representative's request based on information you provided. You have the right to appeal the assessment findings only if you file an application for Medicaid. You or your spouse or authorized representative may request an appeal within 40 days of the decision on your application by contacting the Bureau of TennCare.

\* Please mail form to: Tennessee Health Connections, P O Box 305240, Nashville, TN 37230-5240  
 Or fax to TNHC 1-855-315-0669

**Office Use Only:**

TennCare Official: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_