

Social Welfare

2/1/88
B1

Bulletin No. 87-46

P-2733

P-2733 Financial Need (Continued)

B. Resources

1. Eligibility Test

Combined resources of the AABD (EP) assistance group may not exceed the Resource Maximum that would apply to a Medicaid Group of the same size as specified at P-2420 C in the Procedures Manual.

The following AABD (EP) groups automatically pass the resources test:

An aged, blind or disabled recipient of SSI/AABD benefits with an ineligible spouse as the essential person member of the AABD (EP) group.

An aged, blind or disabled recipient of SSI/AABD benefits which include the needs of a Federal essential person (spouse or non-spouse) who is also the essential person member of the AABD (EP) group.

An aged, blind or disabled couple who are recipients of SSI/AABD benefits which include the needs of a Federal non-spouse essential person who is also the essential person member of the AABD (EP) group.

Combined resources of all other AABD (EP) groups must be computed and compared to the Resource Maximum that would apply to a Medicaid Group of the same size as specified at P-2420 C in the Procedures Manual.

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P-2733 Financial Need (Continued)

B. Resources (Continued)

2. Proof Sources

a. Savings, Cash, Investments

	<u>Available From Applicant</u>	<u>Other Sources</u>
	Bankbooks	Banks (Form DSW 108)
agents	Bank Statements (checking or savings)	Bankers - investment
	Credit Union Statements	Credit Union or other savings
institutions	Other Savings Account Statements	Other Custodians of Funds or
	Invested Bonds	
	Savings	
	Certificates of Deposit	
	Stock Certificates	
	Mutual Fund Statements	
	Other Investment Documents	

When the assistance group includes member(s) age 60 or over,
bank forms

(DSW 108) must be sent to all banks where an applicant or
group member reports having an account. Selective use of
the following questions during contacts, based on the
applicant's situation, may provide useful leads for
appropriate verification by this method:

- Where do you cash checks?
- Where do you buy money orders?
- Where do you have checks deposited directly to your
account?
- Where have you borrowed money in the past two years?
- Where do you have a special account, such as Christmas or
vacation club?
- Where do you pay utility bills?
- Where do you pay your home mortgage or rental payment?
- Where do you have money set aside for emergencies?
- Where do you have a safe deposit box?
- Does your name appear on any account that you consider to be
someone else's?
- If yes, where is this account located?
- How much money have you set aside for your burial?
- Where is this money deposited (including a funeral home)?
- Has any account with your name on it been closed during the

past two years?

If yes, where was the account?

Was the money placed in another account?

Can you obtain the money? or any of it?

List the person's name, address, telephone number and relationship to you.

List the names and locations of three financial institutions (e.g., banks, savings and loan associations or credit union) near where you live.

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P-2733 Financial Need (Continued)

B. Resources (Continued)

2. Proof Sources (Continued)

b. Real Estate

	<u>Available From Applicant</u>	<u>Other Sources</u>
Records	Deed	Town Real Estate
Estate	Sales Agreement Mortgage	Town Tax Records Tax Department (Real
Inspection	Estate Data Articles of Agreement Real Estate Tax Receipts School Tax Receipt	Transfer Tax) Title Search Utility Company Records Municipal Building
Records	Income Tax Return	Records Municipal Fire Code

c. Vehicles

	<u>Available From Applicant</u>	<u>Other Sources</u>
Department	Vehicle Registration and/or	Title Motor Vehicle
Institution	Vehicle Financing Data or payment book Bill of Sale	Financing NADA "Blue Book" Vehicle Dealer