NOTICE OF INTENT TO TRANSFER RESOURCES

Name of Applicant or Recipient:_____

_____Social Security Number:_____

Name of Spouse:_____

_____Social Security Number:_____

I/we hereby give notice to the Kansas Department for Children and Families that we, the above-named applicant/recipient and spouse, intend to transfer our combined resources as follows in accordance with the community spouse resource allowance determined on the Resource Assessment and Allowance Determination form. (Attach additional sheet if necessary.)

Description of Resource	Value	Amount to be Owned by Wife	Amount to be Owned by Husband
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____
_____	$_____	$_____	$_____

I/we understand that the division must be completed within ninety (90) days of the date this notice is received by the agency. If we are unable to complete the division within the 90 day period, we will notify the agency at once. I/we understand that we must provide proof of the transfer of our resources to the agency. I/we understand that the 90 day period may only be extended for good cause.

Date:_____

_____
Applicant or Recipient

_____
Spouse

_____
Witness

_____
Witness

For Agency Use

Case Number:_____

Date Notice Received:_____

EES Specialist:_____