

**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES**

**RESOURCE ASSESSMENT  
AND ALLOWANCE DETERMINATION FORM**

Applicant/Recipient's Name \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Case Number \_\_\_\_\_

This form is to be used to determine the total amount of resources owned by a married couple and the amount of the community spouse resource allowance. It is also to be used to determine the amount of resources to be considered as available to the spouse in long term care for eligibility purposes.

**SECTION I - RESOURCES OWNED AS OF THE MONTH AND YEAR THE CLIENT ENTERED  
LONG-TERM CARE**

MONTH AND YEAR ENTERED LONG TERM CARE \_\_\_\_\_

List all countable resources the couple owns as of the first month of long term care. Do not list items that are exempt. In the column labeled "Equity Value," list the equity value of the resource as of the date that care began. (Attach additional sheets if necessary).

**A. REAL PROPERTY** - List all real property except the home if occupied by a Spouse.

	Legal Description Commonly Known Address	Names of Owners	Equity Value
1.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**B. LIQUID ASSETS** - List all business or personal accounts including checking, savings, credit union, IRA, KEOGH, retirement or other accounts, and certificates of deposit, stocks, bonds, and any other liquid assets.

	Type of Asset	Financial Institution	Account or Certificate Numbers	Name of Owners	Equity Value
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____

**C. MOTOR VEHICLES** - List all vehicles such as cars, trucks, motorcycles, campers, boats, or recreational vehicles. Do not list the one vehicle which is to be exempted.

	Year, Make, and Model	Type	Titled Owners	Equity Value
1.	_____	_____	_____	_____
	_____	_____	_____	_____
2.	_____	_____	_____	_____
	_____	_____	_____	_____
3.	_____	_____	_____	_____
	_____	_____	_____	_____

**C. MOTOR VEHICLES (Cont'd)**

	Year, Make and Model	Type	Titled Owners	Equity Value
4.	_____			
	_____			

**D. LIFE INSURANCE POLICIES** - If the combined face value of all of the life insurance policies each spouse owns is more than \$1500, list the policies for that spouse below and their cash value. If the combined face value was \$1500 or less, do not list any of the policies.

	Name of Company	Policy Number	Face Value	Owners	Cash Value
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				
7.	_____				
8.	_____				
9.	_____				
10.	_____				

**E. OTHER ASSETS** - List all other assets, such as machinery, equipment, livestock, mobile homes, business inventory, mineral rights, boats, trailers, etc.

	Description	Equity Value
1.	_____	
	_____	
2.	_____	
	_____	
3.	_____	
	_____	
4.	_____	
	_____	

**E. OTHER ASSETS (Cont'd)**

	Description	Equity Value
5.	_____	
	_____	
6.	_____	
	_____	
7.	_____	
	_____	
8.	_____	
	_____	
9.	_____	
	_____	
10.	_____	
	_____	
11.	_____	
	_____	
12.	_____	
	_____	

**F. TOTAL COMMUNITY SPOUSE RESOURCE ALLOWANCE** - Total all equity values of resources listed in Parts A through E of Section I and list below.

Total Equity Value of  
Resources Owned at time Client  
Entered Long Term Care.....\$ \_\_\_\_\_

1/2 of This Amount.....\$ \_\_\_\_\_

If the 1/2 value is \$23,844 or less, \$23,844 shall be the amount of the community spouse resource allowance for eligibility purposes. If the 1/2 value is more than \$23,844, the amount of the above value not to exceed \$119,220 is the community spouse resource allowance for eligibility purposes.

Total Community Spouse Resource Allowance.....\$ \_\_\_\_\_

**SECTION II - RESOURCES OWNED AS OF DATE OF APPLICATION**

Complete this section only if an application has been filed on behalf of the spouse in long term care and the current resources and/or equity values differ from those listed in Section I.

List all resources owned at the present time and the equity value of each. If the resource has been listed in Section I, use the same item number as listed in that section. For example, if a piece of real estate is listed on line A1 of Section I, put "A1" on the description line below. If the resource is not listed in Section I, provide a complete description. (Attach additional sheets if necessary.)

**A. REAL PROPERTY** - List all real property currently owned except the home occupied by a spouse.

	Legal Description or Commonly Known Address	Names of Owners	Equity Value
1.	_____		
	_____		
	_____		
2.	_____		
	_____		
	_____		
3.	_____		
	_____		
	_____		

**B. LIQUID ASSETS** - List all business or personal accounts currently owned including checking, savings, credit union, IRA, KEOGH, retirement or other accounts, and certificates of deposit, stocks, bonds, and any other liquid assets.

	Type of Asset	Account or Financial Institution	Certificate Numbers	Name of Owners	Equity Value
1.	_____				
2.	_____				
3.	_____				
4.	_____				
5.	_____				
6.	_____				

**B. LIQUID ASSETS** (Cont'd)

Type of Asset	Account or Financial Institution	Certificate Numbers	Name of Owners	Equity Value
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____

**C. MOTOR VEHICLES** - List all vehicles currently owned such as cars, trucks, motorcycles, campers, boats, or recreational vehicles. Do not list the one vehicle which is to be exempted.

Year, Make, and Model	Type	Titled Owners	Equity Value
1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____
3.	_____	_____	_____
	_____	_____	_____
4.	_____	_____	_____
	_____	_____	_____

**D. LIFE INSURANCE POLICIES** - If the combined face value of all of the life insurance policies each spouse owns is more than \$1500, list the policies for that spouse below and the cash value. If the combined face value is \$1500 or less, do not list any of the policies.

	Name of Company	Policy Number	Owners	Face Value	Cash Value
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____

**E. OTHER ASSETS** - List all other assets currently owned such as machinery, equipment, livestock, mobile homes, business inventory, mineral rights, boats, trailers, etc.

	Description	Equity Value
1.	_____	_____
	_____	_____
2.	_____	_____
	_____	_____
3.	_____	_____
	_____	_____
4.	_____	_____
	_____	_____
5.	_____	_____
	_____	_____
6.	_____	_____
	_____	_____

**E. OTHER ASSETS (Cont'd)**

	Description	Equity Value
7.	_____	
	_____	
8.	_____	
	_____	
9.	_____	
	_____	
10.	_____	
	_____	
11.	_____	
	_____	
12.	_____	
	_____	

**SECTION III - INITIAL RESOURCE TEST**

The amount of resources owned at the time of application in excess of the community spouse resource allowance amount listed in Section I-F shall be considered available to the spouse in long term care for eligibility purposes.

Total Equity Value of Currently Owned Resources (Total of Values in Parts A Through E of Section I or II)..... \$ \_\_\_\_\_

Total Community Spouse Resource Allowance (Section I-F)..... -\$ \_\_\_\_\_

Amount to be Considered Available to Spouse in Long Term Care..... =\$ \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

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

Date Form Complete: \_\_\_\_\_