

MEDICAID TRANSFER OF PROPERTY DECISION

To: Social Security Administration District Office

The following SSI recipient(s) has been determined to be ineligible for Medicaid coverage of institutional services because of the transfer of property provisions. The period of ineligibility is indicated below.

Name	SSN	Period of Ineligibility	
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DCF Staff Signature: _____ Date: _____

DCF Office Address: _____
