Name of Applicant _____

CardinalCare
Virginia's Medicaid Program

Application for Health Coverage and Help Paying Costs APPENDIX F

Complete Appendix F if you are applying for Health Care Coverage for someone in need of nursing facility or community-based Long-term Services and Supports (LTSS), who is between the ages of 19 and 64 and who is not eligible for or enrolled in Medicare.

What is Appendix F Used For?

Appendix F gathers additional information needed to determine your eligibility for Medicaid payment of LTSS provided in a nursing facility or the community.

Appendix F is not full application for benefits. You must also complete the Application for Health Coverage and Help Paying Costs and submit Appendix F with the application.

If completing Appendix F for someone else, please answer the questions for that person.

SECTION 1 Long-term Services and Supports

Answer questions 1-4 if you are applying for anyone who is in a nursing facility or assisted living facility, or who requires nursing home care or assistance to remain in the home (community-based care)

1. Do you or anyone for whom you are applying need nursing facility care or help with activities such as bathing, dressing, toileting, etc., so that you can remain in your own home? ☐ Yes ☐ No
Name
Address

2. Do you or anyone for whom you are applying live in one of the following?
☐ Assisted Living Facility (ALF) ☐ Nursing Facility ☐ Group Home ☐ Hospital or other Medical Facility
— If you checked one of the above, please provide the following information:

Name	Date of Entry	In what County was the prior address?
Person's address prior to entering the facility		
Facility Name	Facility Address	
Was Placement made by a State agency? ☐ **Yes** ☐ **No**		

3. Does the individual in the nursing facility or requiring assistance in the home have long-term care insurance? ☐ Yes ☐ No — If **yes**, please provide the following information:

Name of Insurance Company	Address	City, State, ZIP
Policy Number	Person(s) Insured	Is this a Partnership Policy? ☐ **Yes** ☐ **No**

You can get this application in another language, in large print, or in another way that's best for you. Call us at 1-833-5CALLVA (TTY: 1-888-221-1590).

4. Have you or your spouse sold, transferred, placed in a trust/annuity, or given away any resources, such as your home or other real property, cash, bank accounts, or cars in the last sixty (60) months (5 years)? ☐ **Yes** ☐ **No** — If **yes**, please provide the following information:

Type of Property Transferred	Value at Transfer **$**	Amount Received **$**	Date of Transfer
From Whom		To Whom	

Note: If more than one transfer has occured, please attach documentation of each transfer.

SECTION 2 Resources and Assets

5. You must report ownership of all annuities you and your spouse have. You and your spouse may have to name the Commonwealth of Virginia as the beneficiary of any annuity you or your spouse own. (Note: Under Virginia law persons are considered married and legally responsible for each other until they divorce.)
Do you or your spouse have any trusts, annuities, or promissory notes, or deeds of trust? ☐ **Yes** ☐ **No**
— If yes, please provide the following information:

1. Owner Name		Co-Owner Name	
Where is the Account Held?	Account Type	Account Number	Balance/Value **$**
2. Owner Name		Co-Owner Name	
Where is the Account Held?	Account Type	Account Number	Balance/Value **$**
3. Owner Name		Co-Owner Name	
Where is the Account Held?	Account Type	Account Number	Balance/Value **$**

6. Do you or your spouse have an ownership interest in real property that serves or served as your principal residence? ☐ **Yes** ☐ **No**

Do you or your spouse have a dependent child under age 21 or a disabled child of any age currently living there? ☐ **Yes** ☐ **No**

— If **no**, assessed value of property $ Amount owed $

Sign the application

I am signing this application under penalty of perjury which means I've provided true answers to all the questions on this application to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false or untrue information.

Signature	Relationship to Applicant	Date (mm/dd/yyyy)

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