



P.O. Box 3599
Topeka, KS 66601-9738
Phone: 1-800-792-4884

NOTICE OF INTENT TO TRANSFER RESOURCES

Name of Applicant or Recipient: _____

Social Security Number: _____ Case Number: _____

Name of Spouse: _____

Social Security Number: _____

Couples are allowed to protect a portion or all of their combined resources when either spouse needs long term care. The amount of those protected resources are not counted in determining medical eligibility for the spouse in need. The agency will determine the amount to be protected based on the resources owned by both spouses, either individually or jointly. This process is called Division of Assets.

Once the division has been completed by the agency, the couple will be notified in writing of the outcome. That outcome will include the total amount of countable assets that were included in the division and how much of the resources are to be transferred into each spouse's name. The long term care spouse cannot own more than \$2,000 in assets. The community spouse will own the remaining amount of the couple's assets. Once approved for medical assistance, proof must be provided confirming the transfers have been completed. If proof is not provided, the combined assets of both spouses are considered when determining if the long term care spouse will remain eligible for medical assistance.

In anticipation of qualifying for Medical Assistance:

I/we agree that I/we will transfer our assets so that the long term care spouse has no more than \$2,000 in assets in his/her own name. I/we agree that I/we will complete the transfers within 90 days from the date the notice of approval is mailed as indicated in the approval notice. I/we agree to provide proof the transfers were completed within the 90 day period following approval. I/we agree if proof is not provided within the 90 day period, the combined assets of both spouses will be considered to determine the eligibility of the long term care spouse.

Date: _____

Applicant or Recipient

Spouse

Witness

Witness