

**State of Alaska  
Department Of Health And Social Services  
Division of Public Assistance**

**DECLARATION / DENIAL OF ASSET TRANSFER**

There must be a review of any assets you have transferred or given away of the past 60 months (5 years) before your Medicaid caseworker can determine if you can receive Medicaid coverage for institutional care (i.e., a nursing home) or for home and community based waiver services.

Examples of assets are: land and buildings; bank accounts; stocks; bonds; individual retirement accounts; certificate of deposits; vehicles; motor homes; limited entry fishing permits; interest in a business; promissory notes, loans or mortgages; life estates; annuities; trust deeds; or the other potential income-producing assets. A transfer of asset can include refusing to accept income that rightfully belongs to you or sharing ownership or control of an asset.

**Some examples of an asset transfer are:**

- You had a savings account in your name and prior to your Medicaid application you gave all the money to your son or daughter.
- You gave money to your children, other family members, friends, or organizations.
- You sold land for much less than it's assessed value or gave it away to someone else.
- A legal representative has placed your money into a new account and now someone other than yourself is responsible for this account, such as a guardian.
- A legal representative has changed the ownership of any property so that someone other than yourself has control over the property.

**There is no transfer penalty if:**

- You gave assets to your spouse.
- You gave assets to a child who is considered disabled according to the Social Security definition of disability. If your child is receiving disability-related Social Security, Supplemental Security Income (SSI), Adult Public Assistance, or disability-related Medicaid, then he or she meets the criteria for disability. *(If you are not sure whether your child meets the Social Security disability criteria, report to us any transfers you made to your children and tell your Medicaid caseworker why you believe your child may be considered disabled.)*
- Some other exceptions may also apply.

To help your Medicaid caseworker process your case, please answer the questions on the other side of this form. If you need help in answering the questions, please contact your Medicaid caseworker.

***Please turn the page over and complete the other side.***



**DECLARATION / DENIAL OF ASSET TRANSFER**

1. Have you given away or transferred any assets at less than their assessed value to someone other than your spouse or disabled child in the last 60 months (5 years)?  Yes  No

If you checked YES, did you report this transfer to the Social Security Administration?  Yes  No

2. Have you transferred any assets to a trust in the last 60 months (5 years)?  Yes  No

If you checked YES, did you report this transfer to the Social Security Administration?  Yes  No

3. If you checked YES on either #1 or #2 above, on a separate piece of paper please write a brief explanation describing what you did with the asset. This includes:

- What asset was transferred
- When you transferred the asset
- Why you transferred the asset

Provide any proof showing the value of the transferred asset. Proof can be an appraisal, assessment, cancelled check, etc. Your Medicaid caseworker may ask you for additional information or proof regarding the asset transfer.

4. On the lines below, please list all bank or investment account numbers that you or your spouse have had in your name during the last 60 months (5 years). ***Please attach the last three statements for each account.***

Name of Bank/Credit Union/ Brokerage/Other Financial Institution	Address of Institution	Account Number	Account Balance

Are any of the accounts listed above now closed?  Yes  No

If yes, please explain what you did with the money in the account. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant or Applicant's Representative

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name

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