

You recently applied for Medicaid with the State of South Carolina. Please complete and return this form so we can process your application. We need more information to see if you may be eligible for one or more of the following programs:

**Medicare Savings Programs (MSP) that include the following:**

- Aged, Blind, Disabled (ABD),
- Qualified Medicare Beneficiaries (QMB),
- Specified Low Income Medicare Beneficiaries (SLMB), and
- Qualifying Individuals (QI)

- Optional State Supplementation (OSS)**
- Working Disabled (WD)**
- Inmate Services**

**TEFRA, (also known as Katie Beckett)**

You only need to tell us about your child's income and resources for TEFRA.

All of the rights and responsibilities agreed to when the original application was signed are still in effect. If there are any questions about those rights and responsibilities or this form, please call us toll free at 1-888-549-0820 for help.

### 1. Who is applying for assistance?

a. Name (First, Middle, Last)	Social Security Number	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Name (First, Middle, Last)	Social Security Number	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Name (First, Middle, Last)	Social Security Number	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Name (First, Middle, Last)	Social Security Number	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Name (First, Middle, Last)	Social Security Number	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 2. Most forms of income we need to know about are on your application. Please check if you or someone in your household has any of the following types of income and tell us about that income in the table below.

- Child Support**
- Money From Friends and Relatives**
- Veterans Assistance**
- Workers Comp/Long Term or Short Term Disability**

a. Person Receiving Money	Income Source/Type	How Often Received	Amount Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Person Receiving Money	Income Source/Type	How Often Received	Amount Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Person Receiving Money	Income Source/Type	How Often Received	Amount Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Person Receiving Money	Income Source/Type	How Often Received	Amount Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Person Receiving Money	Income Source/Type	How Often Received	Amount Received
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**3. Please check the box beside any of the things shown that you or someone in your home owns or are buying. Tell us about it in the table. When you return this form, you must send proof of these assets or resources.**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Cash on Hand           | <input type="checkbox"/> Checking Account      | <input type="checkbox"/> Savings Account  | <input type="checkbox"/> Burial Plot   |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Annuities/Trusts      | <input type="checkbox"/> Stocks and Bonds | <input type="checkbox"/> Home Property |
| <input type="checkbox"/> Other Property         | <input type="checkbox"/> Life/Burial Insurance | <input type="checkbox"/> Burial Contracts | <input type="checkbox"/> Vehicles      |
| <input type="checkbox"/> Retirement Accounts    | <input type="checkbox"/> Direct Express Card   | <input type="checkbox"/> Promissory Notes |  |
| <input type="checkbox"/> Other: _____           |  |   |  |

Owned by	Tell Us About The Asset Include the name of bank or funeral home, and any account numbers or other information used to identify the asset.	Current Value or Balance
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

**4. Are you or the person you are applying for currently in a Community Residential Care Facility?**

- Yes    No   (Community Residential Care Facilities may also be called Boarding Homes or Assisted Living Centers)
- If YES, what is the name of the facility? \_\_\_\_\_ Date entered: \_\_\_\_\_

Questions 5 through 7 are only for those people who are currently inmates at a correctional facility. If you are an inmate at a correctional facility, please provide the following information.

**5. Name of correctional facility:** \_\_\_\_\_ **Date incarcerated:** \_\_\_\_\_

- |   |                                |                                |
|---|--------------------------------|--------------------------------|
| a. Name of hospital where services received | Date of admission (mm/dd/yyyy) | Date of Discharge (mm/dd/yyyy) |
| _____                                       | _____                          | _____                          |

Address where you lived before incarceration  
 \_\_\_\_\_

**6. If you have been incarcerated for longer than 30 days, you can skip this question and go to question #7.**

- a. Did you work or receive earnings before you were incarcerated?    Yes    No
- b. If living with your spouse before you were incarcerated, was your spouse employed?    Yes    No

**7. Tell us about your income before you were incarcerated. Enter GROSS amounts (this information will need to be verified by staff of correctional facility).**

a. Type of income	Amount Paid	How often paid
_____	_____	_____
b. Type of income	Amount Paid	How often paid
_____	_____	_____
c. Type of income	Amount Paid	How often paid
_____	_____	_____

Staff of the correctional facility can attest to income or earnings received from or through the facility. The following signature attests to incomes verified in question 7.

Correctional Facility Staff Person: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_