
MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-321 - RESOURCE COMPUTATION WORKSHEET

PURPOSE & USE

The purpose of this form is to record the value of countable resources which will count toward the client's resource limit. This breakdown should agree with the amounts calculated by MEDS. If the client owns resources but any of the resources are excluded, indicate ownership by checking off the type of resource even though excluded.

INSTRUCTIONS

Prepare an original only and file in the case record.

The worker will make a check mark beside each applicable resource named on the form which the client owns. In the space provided in the right hand column the worker will record the value of each resource checked. The value of each resource will be totaled and the appropriate block checked to indicate if the applicable resource limit is that of an individual or couple. The worker will record in the Remarks section whether the client is eligible or ineligible based on resources and record any additional remarks relating to resources owned. Up to 4 months can be shown on one form.

The worker will sign and date the form.

RESOURCE COMPUTATION WORKSHEET

If Client owns any resource listed below, check space
If countable, enter countable value

	(Month)	(Month)	(Month)	(Month)
____ Retirement Funds	_____	_____	_____	_____
____ Trust Funds	_____	_____	_____	_____
____ Safe Deposit Box (if countable, enter amt)	_____	_____	_____	_____
____ Cash on Hand	_____	_____	_____	_____
____ Checking Account	_____	_____	_____	_____
____ Savings Account	_____	_____	_____	_____
____ Certificates of Deposit	_____	_____	_____	_____
____ Patient Fund Account	_____	_____	_____	_____
____ Nursing Home Credit	_____	_____	_____	_____
____ Other Liquid Resources (Stocks, Bonds, Promissory Notes, Etc)	_____	_____	_____	_____
____ _____	_____	_____	_____	_____
____ Home Property (Enter EV if not excluded)	_____	_____	_____	_____
____ Life Estate or Heir Property (Enter EV if not excluded)	_____	_____	_____	_____
____ EV of Nonexcluded Property (includes mineral rights)	_____	_____	_____	_____
____ Household Goods & Personal Effects (Enter CMV if in excess of limit)	_____	_____	_____	_____
____ Automobiles: Excluded ____ Y ____ N				
If yes, reason: _____				
If no, enter CMV or EV	_____	_____	_____	_____
____ Countable CSV of Life Insurance	_____	_____	_____	_____
____ Burial Spaces _____ (Enter CMV if not excluded)	_____	_____	_____	_____
____ Burial Funds _____ (Enter CMV if not excluded)	_____	_____	_____	_____
____ _____	_____	_____	_____	_____

TOTAL COUNTABLE RESOURCES

() INDIVIDUAL () COUPLE

REMARKS: _____

Worker: _____

Date: _____