



JOE LOMBARDO  
Governor

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS  
Director

ROBERT THOMPSON  
Administrator

TANF       MEDICAID       SNAP

Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case ID: \_\_\_\_\_



## SPOUSAL HOUSING, INCOME AND RESOURCE QUESTIONNAIRE

Due to mandated spousal impoverishment provisions in the Medicare Catastrophic Coverage Act, portions of your community income and resources must be made available for the benefit of your spouse. Please complete the following information concerning **your spouse** and provide **verification** of income, resources and housing expenses by \_\_\_\_\_. **FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE INELIGIBILITY FOR MEDICAID COVERAGE.**

Spouse's Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_

### Spousal Income (Monthly)

Source	Amount

Spousal Expenses (Monthly) for Rent or Mortgage. Include mortgage principal and interest, taxes and insurance.

Type	Amount

Does your spouse live in the same residence as a minor dependent or child, dependent parents or dependent siblings? (Claimed as dependents for Federal Income Tax purposes)  YES  NO

If YES, please list their name(s) and relationship to you or your spouse. What is their monthly income and source(s)?

Name	Relationship	Income Amount	Source

Check the box for each item below that your spouse owns or jointly owns with someone else:



- a. Life Insurance .....  YES  NO
- b. Funds Set Aside for Burial .....  YES  NO
- c. Savings (Time) Certificates .....  YES  NO
- d. Individual Retirement Account .....  YES  NO
- e. Stocks or Bonds .....  YES  NO
- f. Banking/Credit Union Accounts .....  YES  NO
- g. Safe Deposit Box .....  YES  NO
- h. Cash on Hand .....  YES  NO
- i. Livestock .....  YES  NO
- j. Machinery or Equipment .....  YES  NO
- k. Real Property (located anywhere) .....  YES  NO
- l. Vehicles (all kinds) .....  YES  NO
- m. Other (specify) \_\_\_\_\_  YES  NO

---

Client Signature
Print Name
Date
Telephone Number

