

APPLICATION FOR HARDSHIP WAIVER

As stated in the Notice of Intent to File a Claim Against the Estate, the Michigan Department of Community Health (MDCH) will waive, in whole or in part, its claim against the estate when recovery would cause an undue hardship for a beneficiary or an heir. If you are not a beneficiary or heir and therefore do not have a legal right to the estate of the decedent, you do not qualify for a hardship waiver.

The criteria for a hardship waiver, as outlined by Michigan law and regulations are as follows:

1. The estate asset subject to recovery is the sole source of income for a survivor, such as a family farm or family business, and income produced by the asset is limited; **or**
2. The estate asset subject to recovery is a home of modest value (i.e. with a value no higher than 50 percent of the average price of homes in the county where the home is located, as of the date of the recipient's death) and the home is the primary residence of the beneficiary; **or**
3. The estate asset subject to recovery, if recovered, would cause a survivor to become or remain eligible for Medicaid.

An undue hardship will not be found solely because the recovery will prevent the beneficiaries from maintaining their pre-existing lifestyle or because the hardship is a result of decedent's estate planning methods to dispose of assets in an attempt to avoid estate recovery.

All of the information requested in this application is voluntary. However, failure to completely and accurately provide the information may result in a denial of the waiver.

Each person who requests a hardship waiver must complete the appropriate section(s) of this application and return it **with supporting documentation** within sixty (60) days from the date stated on the Notice of Intent to File a Claim. **Applications returned later than 60 days from this date will not be accepted.**

Written notification will be sent to the applicant with an explanation of the determination. If the request is denied, the applicant has an additional 60 days to appeal the decision under the Administrative Procedures Act, MCL § 24.201-24.328.

Please mail the completed application form and supporting documentation to the address below. MDCH contracts with Health Management Systems, Inc. (HMS) to assist in MDCH's estate recovery program and HMS is authorized to act on behalf of MDCH. If you have any questions about the claim against the estate or how to complete this form, contact HMS toll-free at 1-877-791-0435.

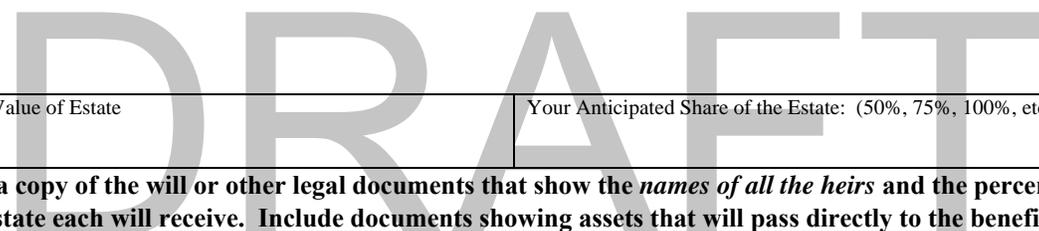
HMS Recovery Unit
1500 Abbot Road
Suite 201
East Lansing, MI 48823

Application for Hardship Waiver

The applicant must submit the necessary supporting documentation to demonstrate to MCDH how estate recovery will result in an undue hardship. Failure to provide this supporting documentation will result in a denial of the Hardship Waiver Request. Please fill out this form in blue or black ink.

All applicants must complete the general information requested on this page.

Decedent's Name (First, Middle, Last)		
Decedent's Medicaid ID Number	Decedent's Social Security Number	Decedent's Date of Birth (mm/dd/yyyy)
List the estate assets that are subject to probate:		
List the estate assets that will pass directly to the beneficiaries independent of the probate process:		
Estimated Value of Estate	Your Anticipated Share of the Estate: (50%, 75%, 100%, etc.)	



Attach a copy of the will or other legal documents that show the names of all the heirs and the percentage of the estate each will receive. Include documents showing assets that will pass directly to the beneficiaries.

Applicant's Name (First, Middle, Last)		Relationship to Decedent	
Applicant's Primary Residence		City	State
		ZIP Code	
Area Code and Telephone Number	Social Security Number	Date of Birth (mm/dd/yyyy)	
Applicant's Employer		Employer Area Code and Telephone Number	
Employer Address		City	State
		ZIP Code	

Spouse's Name (First, Middle, Last)		Spouse's Area Code and Telephone Number	
Spouse's Address (if different from Applicant's)		City	State
		ZIP Code	
Spouse's Employer		Spouse's Employer Area Code and Telephone Number	
Spouse's Employer Address		City	State
		ZIP Code	

MDCH may grant a waiver when one or more of the stated criteria below are met. Please answer all of the questions in the sections that apply to your circumstances.

Section I: The estate property has been the site of a family business, farm, or ranch and is the primary income-producing asset.

1. Is a family business, working farm, or ranch located on the estate property? Yes No

If yes, give a description of the family business, farm, or ranch:

2. How is the estate property, including existing structures, used in the operation of the business? What percentage of the estate property is used in the operation of the business?

3. When was the property first used as a family business, farm or ranch? _____

Has this property been used continuously since then for this purpose? Yes No

If yes, please provide supporting documentation demonstrating the continuous operation of the business, along with documentation showing the date the business began operation.

4. What is the **total** gross income of the applicant as reported on the most recent federal income tax return?\$ _____

5. What was the total net business income from the farm, ranch, or business located on the estate property and as reported on the most recent federal tax filing?.....\$ _____

6. What was the amount of the applicant's annual gross income from other sources other than the estate farm, ranch or business?.....\$ _____

Attach the applicant's most recent two years of federal tax filings, including all W-2's and supporting schedules.

Section II: The estate property is the primary residence of a beneficiary or heir and the property is of modest value.

1. Does the estate property include a home? Yes No

If yes, how many homes are on the property? _____

Please provide a copy of the deed to any real property subject to estate recovery.

2. Does the applicant currently reside on the property? Yes No

If not, please provide the address for the applicant below.

If yes, How long has applicant lived in the home? _____

3. Is the estate property the primary residence of any other beneficiary or heir?..... Yes No

If yes, please list the names and addresses of all beneficiaries and heirs in which the estate property is their primary residence.

4. Does applicant own (in full or part) another residence?
Yes No

If yes, please provide documentation including proof of ownership.

5. What was the value of the estate property as of the date of death of the decedent? _____

6. As of the decedent's date of death, was the value of the estate property 50% or less than that of the average selling price of homes in the County where the property is located?..... _____

Attach all supporting documentation to establish residency and property value, including but not limited to, deeds, real property appraisals, tax roll assessments and comparable property sales documentation within the relevant County.

Section III: The estate property, if recovered, would cause a survivor to become or remain eligible for Medicaid.

1. Would recovery of the estate property make you eligible for Medicaid and/or other public assistance?.....
Yes No
2. Would waiving recovery of the estate property allow you to discontinue enrollment in Medicaid and/or other public assistance?..... Yes No

Attach all documentation that supports your explanation.

State of Michigan
Department of Community Health

I certify that the information I have provided is true and complete to the best of my knowledge. I authorize persons, organizations, or other entities having records concerning my circumstances to furnish such information to the Michigan Department of Community Health, or to its contract agent for the purpose of estate recovery. I grant permission to Michigan Department of Community Health or its contract agent to obtain information that may have a bearing on my eligibility for a hardship waiver.

Signature of Applicant

Date

Signature of Additional Applicant, if multiple

Date

Signature of Additional Applicant, if multiple

Date

Signature of Additional Applicant, if multiple

Date

Signature of Additional Applicant, if multiple

Date

DRAFT