

**INSTRUCTIONS FOR COMPLETING  
THE SENIOR ASSISTED LIVING SUBSIDY  
APPLICATION FORM FOR HOWARD COUNTY**

Thank you for your interest in the Senior Assisted Living Subsidy (SALS) Program. Please note the first step in the subsidy application process is to complete the application form included here. This form will give our office the information needed for a preliminary review of the applicant's eligibility and place him/her on the waiting list if funds are not immediately available. It is imperative that you answer all questions on the form. Below is a checklist of what you should send with the application:

- Proof of all income and assets (at minimum include at least 3 months of bank statements that show deposits from Social Security, pension, annuities or any other income and statements or documents that show fair market value of other assets)

Medical Expenses—regulations allow for monthly recurring non-reimbursable medical expenses greater than 3 percent of total monthly income to be subtracted from the applicant's gross income when determining his/her Subsidy amount. Please provide the following:

- Six months print out from pharmacy documenting out of pocket prescription costs
  - Receipts for incontinent supplies
  - Receipts for hospital supplies
  - Receipts for food supplements (e.g. Boost, Ensure, etc.)
  - Bills/receipts for supplemental health insurance (Medigap policies)
  - Receipts for Medicare Part D payments
  - Outstanding medical, hospital or physician bills with monthly payment indicated
  - Receipts for Psychiatric Day Program
  - Receipts for dental expenses, eyeglasses and hearing aids
- Sign and submit the attached document entitled *Statewide Program Eligibility Verification Form* and provide one document showing the applicant's proof of age as indicated on the form.

At the time funds are available to grant subsidy benefits, updated financial details may be required. In addition, when funds are available an assessment by the Adult Community Evaluation Service of the Howard County Health Department is required and will be arranged by the Office on Aging and Independence.

If the applicant's total assets are above the asset limits of \$19,000 (single person) or \$25,000 (couple), you may still submit this application and be placed on the waiting list. As assets are spent down over time, the applicant may meet the eligibility criteria at a later time.

Please prepare for finalizing the application when funds are available by setting aside medical expense receipts, recent tax returns, documentation of monthly income (Social Security award letter, pension statements, etc.) and asset information.

**If you or your loved one is currently living in the community and exploring the possibility of moving to an assisted living facility, please note:** Only assisted living providers who are approved as Senior Assisted Living Subsidy providers may receive subsidy payments for clients. For a listing of all subsidy-approved providers, please visit [www.howardcountymd.gov/aging](http://www.howardcountymd.gov/aging) and follow the link to *Housing Options* or contact the Information Specialists at Maryland Access Point of Howard County at 410-313-1234.

Please return the application and supporting documents to:

Kathleen Krintz

[kkrintz@howardcountymd.gov](mailto:kkrintz@howardcountymd.gov)

Howard County Office on Aging and Independence

9830 Patuxent Woods Drive

Columbia, Maryland 21046

**410-313-6079**

Fax# 410-313-5970

Maryland Department of Aging  
Senior Assisted Living Subsidy Program

**Statewide Program Eligibility Verification Form**

The Senior Assisted Living Subsidy Program is a statewide program that requires all applicants and participants to produce reliable and accurate proof of age and income to qualify. Applicants must present one form of verification for age and one form of verification for income.

The following documents are acceptable forms of proof of age:

- Valid Birth Certificate
- Valid Driver's License
- Valid Maryland State Identification Card
- Valid Passport

The following documents are acceptable forms of proof of income:

- Social Security Award Letter
- Earned Income Statement
- Income Tax Return
- Bank Statements (minimum of 3 months)

AAAs must ensure that each individual's file contains a copy of the following documents as evidence of program eligibility:

- A completed and signed Program Eligibility Verification Form;
- One of the acceptable forms of proof of age; and
- One of the acceptable forms of proof of income

I have read the requirements for enrollment in this program and agree to provide the requested documentation as proof of eligibility.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant or Applicant's Representative

I certify that I have received income and age documentation as proof of eligibility and that a copy of these documents will be placed in the applicant's file.

\_\_\_\_\_ Date: \_\_\_\_\_  
Area Agency on Aging Representative



**SENIOR ASSISTED LIVING SUBSIDY PROGRAM RESIDENT APPLICATION  
RESIDENT APPLICATION (INITIAL AND REDETERMINATION)**

PLEASE PRINT

Section A – Applicant Information	
Applicant's Full Name:	_____
Last Four Digits of the Social Security Number:	_____
Current Address:	_____
Telephone Number:	_____
	Sex: M <input type="checkbox"/> F <input type="checkbox"/> Race: _____
Date of Birth:	_____
Is the applicant related to the assisted living facility's owner (licensee) or any partner or officer of the licensee? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, state relationship: _____	
Name of Person Completing Application: _____	
a. Relationship to Applicant: _____	
b. Address of Person Completing Application: _____	
c. Telephone/Email: _____	

TYPE OF BENEFIT OR INCOME	RECEIVING INCOME OR BENEFITS?	AMOUNT
Social Security	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____
SSI (Supplemental Security Income) or DSSI:	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____
Veteran's Pension/Benefits <b>(*should not include Aid and Attendant benefits)</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____
Pension or Retirement	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____
Other Civil Service Annuity, Alimony, worker's compensation, union benefits	YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____



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ASSET TYPE	CHECK ONE	OWNER	AMOUNT
Cash on Hand	YES <input type="checkbox"/> NO <input type="checkbox"/>		\$
Checking Account	YES <input type="checkbox"/> NO <input type="checkbox"/>		\$
Savings Account	YES <input type="checkbox"/> NO <input type="checkbox"/>		\$
Trust Fund, IRA or Keogh Account Other Retirement Account Stocks and Bonds Treasury or Other Notes, Annuity	YES <input type="checkbox"/> NO <input type="checkbox"/>		\$
Ownership in a Company, Patient Fund Account Other:.	YES <input type="checkbox"/> NO <input type="checkbox"/>		\$

**Section E – Other Assets:** *Please tell us about any other assets you own and assets jointly owned with other individuals. This could include livestock, recreational vehicles, or any other property of value such as collections of antiques, coins, jewelry, or stamps.*

**SEND PROOF** *Please send copies of current statements or documents that establish the fair market value of the asset(s) as well as the amount owed.*

ASSET TYPE	OWNER	CURRENT FAIR MARKET VALUE	CURRENT AMOUNT OWNED
		\$	\$
		\$	\$

**Section F – Potential Assets or Income:** *Please tell us about any accident settlement, trust fund, inheritance, or any other money, property, real property or assistance you expect to receive.*

**SEND PROOF** *Please send copies of current statements or documents that describe the nature, amount, and payment schedule of the asset.*

ASSET TYPE	Estimated Amount

**Section G – Real Property:** *Please tell us about any real property that you own in or out of the state of Maryland.*

**SEND PROOF** *Please send a copy of the deed or current property tax assessment for each property. Please also send copies of current documents that verify the equity value of each property.*

Do you and/or your spouse own or have a legal interest in any other real property? YES  NO



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ADDRESS OF PROPERTY	TYPE OF OWNERSHIP (CHECK ONE)	CURRENT FAIR MARKET VALUE	CURRENT AMOUNT OWNED
	<input type="checkbox"/> Rental Property <input type="checkbox"/> Vacation Property <input type="checkbox"/> Vacant Land <input type="checkbox"/> Other Property Rights	\$	\$

ORIGINAL FACE VALUE OR VALUE OF PLAN	CASH VALUE	TYPE OF PLAN	POLICY OWNER
\$	\$	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Burial Plan	
\$	\$	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Burial Plan	
\$	\$	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Burial Plan	

**Section I – Transfer of Assets:** *Please tell us about any assets that you sold, traded, gifted, or disposed of in the past five years. This could include personal and real property, motor vehicles, stocks, bonds, cash, or other assets.*

**SEND PROOF** *Please send copies of current statements or documents that verify the date the asset was transferred, the value of the asset at the time of the transfer, and the amount you received for transferred asset. If you need additional space to complete this section, please attach additional sheets.*

TRANSFER DATE	TYPE OF ASSET	VALUE OF THE ASSET AT THE TIME OF THE TRANSFER	WHO RECEIVED THE ASSET AND THE REASON FOR THE TRANSFER	AMOUNT RECEIVED
		\$		\$
		\$		\$
		\$		\$



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**Section J – Monthly Medical Expenses:** *List out-of-pocket (non-reimbursable) costs for all recurring medical expenses including health insurance premiums and medications. Attach verification of expenses. \*See list of examples*

SEND PROOF Please attach verification of expenses.

RECURRING MEDICAL EXPENSES	FREQUENCY (monthly, quarterly, annually)
\$	
\$	
\$	

**RIGHTS AND RESPONSIBILITIES**

**I UNDERSTAND I HAVE THE FOLLOWING RIGHTS:**

1. The SALS Program cannot discriminate against me because of race, color, national origin, sex, age, or disability.
2. I have the right to privacy of my personal information. The purpose of requesting this personal information is to determine my eligibility for a SALS Program Subsidy. If I do not provide accurate and proof of this information, the Program may deny my application for a subsidy. I have a right to inspect, amend, or correct this personal information. The Program will not allow unauthorized inspection of my personal information, or make it available to others, except as permitted by Federal and State law.
3. The Program will provide me with a written notice when it determines that I am eligible or ineligible. I have the right to appeal certain actions taken by the Program. Any erroneous subsidies the provider receives from the Program must be repaid to the Program.

**IF I ACCEPT A SALS PROGRAM SUBSIDY, I UNDERSTAND BY SIGNING THIS APPLICATION:**

1. Payment Authorization - I authorize payment to be made directly to my assisted living providers.
2. Access to Records - I give the Program the right to inspect, review, and copy all relevant portions of my medical records for purposes of determining my eligibility for and the appropriateness of the services received through the SALS Program.
3. Accurate Financial Reporting - I understand that I am responsible for reporting true, correct, and complete financial information about all my income, assets and all other benefits I may be receiving.



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**DECLARATIONS AND SIGNATURES**

I also swear or affirm, under penalty of perjury, that all the information I have given is true, correct, and complete to the best of my ability, knowledge, and belief.

\_\_\_\_\_  
Signature of Applicant/Recipient

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness (If you Signed an X)

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative (if applicable)

Date \_\_\_\_\_

**Completed application is to be returned to:**

Area Agency on Aging: \_\_\_\_\_  
Program Manager: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only**  
Check one:

**Date Application Filed:** \_\_\_\_\_

- \_\_\_\_\_ Approved for SAL Subsidy
- \_\_\_\_\_ Not Approved for SAL Subsidy
- \_\_\_\_\_ Approved but place on the Wait List for SAL Subsidy
- \_\_\_\_\_ Reapproved for SAL Subsidy

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date