

State of Connecticut  
Department of Social Services

**HUSKY PROGRAM ASSET SUPPLEMENT PAGE**

Client ID	__ 00 _____
AUID	__ 00 _____
Worker	_____
Worker Phone #	_____

Dear \_\_\_\_\_ :

We have received your request to add certain adults in your family to HUSKY healthcare coverage. Based on the information you have submitted, your income is over the limit to automatically receive HUSKY for adults. However, the adults in your family may still qualify for HUSKY under a process called “spenddown.”

**What is SPENDDOWN?**

When your income is too high for the adults in your family to automatically receive HUSKY, the adults may still qualify through a process called “spenddown”. Through “spenddown” we reduce your family’s income by the amount of your medical bills to see if you are eligible for the program. **Please make sure that you have sent in all your unpaid medical bills so we can give you credit for these bills when we calculate your “spenddown” eligibility. Based on preliminary income information, it would appear that you would need approximately \$ \_\_\_\_\_ in medical bills for the adults in your household to qualify for HUSKY.**

**ASSET INFORMATION**

For the adults in your household to receive HUSKY through a “spenddown”, your family’s assets must be below a certain limit. **The asset limit for the adults in your household to receive HUSKY is \$ \_\_\_\_\_.** To complete processing your case, you need to tell us about certain types of assets that you and your family have. The assets we need to know about are listed on the back of this form. Please list the assets for all of the following people who live in your home:

- all people who want HUSKY assistance;
- anyone who is a parent of a child who wants HUSKY assistance; and
- a spouse of anyone who wants HUSKY.

If you want us to continue to process your request for HUSKY for adults, please fill out the back of the form and return it to us by \_\_\_\_\_ using the enclosed envelope. Please be sure to send in proof of all the assets you list. For example, if you list a motor vehicle, send in a copy of the registration. If you have a savings or checking account, send in a copy of your bankbook or bank statement. If you are not sure what to send in to verify your assets, please call your worker and he or she will help you. **If you do not return this information by the above date, we will close out your request for the adults in your household to receive HUSKY.**

***IF YOU WISH TO VOLUNTARILY WITHDRAW YOUR REQUEST FOR HUSKY FOR ADULTS, PLEASE CHECK THE BOX BELOW:***

Please check here  if you do not want us to continue to process this request for HUSKY for adults, then sign and date this form below and return the form to us by the deadline. If you check this box, we will withdraw your request for HUSKY for adults.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**IF YOU ARE NOT WITHDRAWING YOUR REQUEST, PLEASE COMPLETE THE OTHER SIDE OF THIS FORM AND TELL US ABOUT YOUR ASSETS**

**IF YOU WANT HUSKY FOR ADULTS, PLEASE FILL OUT THIS PAGE**

Name: \_\_\_\_\_  
(Last Name) (First Name) (M.I.)

Phone Number: \_\_\_\_\_  
(Day) (Evening)

Please list all assets for all of the following people who live in your home:

- all people who want HUSKY assistance;
- anyone who is a parent of a child who wants HUSKY assistance; and
- a spouse of anyone who wants HUSKY.

Be sure to list ALL assets in the names of these people, even if the asset is not truly owned by him or her. If there is an asset listed in someone's name, but that person does not really own it, please explain.

- |  |   |
|--|---|
| 1) Cash on Hand <input type="checkbox"/> Yes <input type="checkbox"/> No                                     | 5) Stock/Bonds/Savings Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| 2) Bank/Credit Union Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No                       | 6) Motor Vehicles (car, truck, motorcycle, boat, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| 3) Life Insurance Policies and Cash Surrender Value <input type="checkbox"/> Yes <input type="checkbox"/> No | 7) Real Estate (including home, land, out of state property) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) Annuities/Trust Funds <input type="checkbox"/> Yes <input type="checkbox"/> No                            | 8) Any other assets not listed <input type="checkbox"/> Yes <input type="checkbox"/> No                               |

*If you answered "Yes" to any of the assets above, complete the following:*

Name of Owner	Type of Assets	Value/Balance	Company Name/Policy or Account Number/Property Location/etc.

**Please Read and Sign Below**

I certify that the information on this form is true to the best of my knowledge. I understand that if I have knowingly given incorrect information, I may be subject to penalties for false statements as specified in the Connecticut General Statutes Section 53a-157b and 17b-97 and to the penalties for larceny as specified in Section 53a-123. I also may be subject to penalties for perjury under federal law.

\_\_\_\_\_  
 Recipient's Signature

\_\_\_\_\_  
 Interpreter's/Helper's Signature

\_\_\_\_\_  
 Witness' Signature (if signed with an X)

\_\_\_\_\_  
 Worker's Signature

RETURN THIS FORM IN THE SELF-ADDRESSED ENVELOPE PROVIDED. IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM OR NEED HELP COMPLETING IT, CALL YOUR WORKER.

HUSKY medical assistance coverage will not be denied due to a pre-existing medical condition. This application will be considered without regard to race, color, gender, age, physical or mental disability, religious creed, national origin, sexual orientation, ancestry, language barriers, or political beliefs.