



STATE OF CONNECTICUT

Department of Social Services

W-1487
(Rev 1/17)

CONNECTICUT HOME CARE PROGRAM FOR ELDERLY (CHCPE) REQUEST FOR REFERRAL

The Connecticut Home Care Program for Elders (CHCPE) provides assistance to adults who are 65 years and older with difficulty in performing some Activities of Daily Living (ADL). This program provides many of the services you will need to remain in your home instead of going to a long-term care facility or nursing home.

Eligibility for CHCPE is a two part process:

Part 1: Functional: You *must have a need* for these services. Specifically, you must physically demonstrate that you have *need* for hands-on assistance in performing some **Activities of Daily Living**.

- Bathing – need help to properly bath yourself?
- Eating/Feeding – need help to properly feed yourself? (This does not mean making or preparing meals.)
- Toileting – need help going to/from toilet and/or properly clean yourself afterwards?
- Transfer – need help to safely transfer in and out of chairs / bed?
- Medication – need help preparing and/or taking your daily medications?
- Behavioral – need daily supervision to keep from harming yourself or others?

Part 2: Financial: You must meet either the Medicaid or State Funded (Waiver) financial criteria to receive services under CHCPE. You will be expected to apply for Medicaid if you meet the financial criteria. If you do not meet the financial criteria for Medicaid, you may be eligible for State-Funded Home Care Services.

INCOME AND ASSET INFORMATION

MONTHLY INCOME LIMITS ¹	MEDICAID INCOME LIMIT	STATE FUNDED INCOME LIMIT
	\$2,205.00 per month	No Limit
Asset Limits ²	MEDICAID (WAIVER) ³	STATE FUNDED ⁴
Individual -	\$1600.00	\$36,270.00
Couple -	\$3,200.00 (Both receiving services)	\$48,360.00 - Combined Assets (One or both receiving services)
Couple -	\$25,780.00 ³ (One receiving services)	\$48,360.00 - Combined Assets (One or both receiving services)

³ A higher amount may be allowed if you have a spousal assessment done (see Notice to Married Couples next page).

⁴ Participation is based on availability of funds. **State Funded clients must pay 9% of the cost of their services.**

¹ **Income - How DSS Counts Your Monthly Income:** We count your total (gross) monthly income, *before any deductions, including any deductions for Medicare premiums*. This includes all income you get on a regular basis, like wages, pension, Social Security, Veteran's benefits and Supplemental Security Income. We count only your income, not your spouse's or anyone else's income. List only your income and no one else's.

² **Assets - How DSS Counts All of Your Assets:** We count all assets owned by you and your spouse. This includes, but is not limited to, real estate not used as your home, non-essential motor vehicles, campers, boats, bank/credit union accounts (savings, checking, CD, IRA, Vacation or Christmas Club), stocks, revocable trust funds, bonds, U.S. Savings Bonds, total cash surrender value of life insurance with a total face value that exceeds \$1,500.00.

We do NOT count the following: Your house that you use as your home and its furnishings, your personal belongings (clothes, jewelry) or the vehicle that you use for transportation. Certain burial funds - irrevocable up to \$8,00.00 for each person OR revocable up to \$1,800.00. Burial plots - For single individuals, one plot. For married individuals, one plot for each spouse and certain other family members under certain conditions. A plot may include a casket, outer container and opening and closing of the grave. Life insurance policies if the total face value of all policies does not exceed \$1,500.00. (Otherwise count total cash surrender value of all policies.)

Please Note: If your income is below the program limit, but your counted assets exceed the asset limit, you may be screened for CHCPE when you reduce your assets to the limit. You are not required to spend your excess assets on health care. You may spend them on any goods or services for yourself or your spouse, as long as you receive fair market value in exchange for your excess assets and keep all of your receipts. When you have reduced your assets to the limit, you may reapply to CHCPE.

DSS may pursue legally liable relative contributions from spouses or recipients receiving services under CHCPE and has the right to recover monies from the sale of real estate and from the estates of individuals who received services under the CHCPE, including private insurance premiums paid on behalf of the individual.

CAREFULLY READ THE NEXT PAGE AND ANSWER ALL OF THE QUESTIONS

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Section A	APPLICANT'S PERSONAL INFORMATION
Applicant's Last Name _____ First Name _____	
Date of Birth _____ Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Social Security Number _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address (of applicant) _____	
Phone _____ Medicaid Number (if you have one) _____	
I live: (check one) <input type="checkbox"/> Alone <input type="checkbox"/> With family <input type="checkbox"/> Group home <input type="checkbox"/> Assisted living	

Section B	Financial Assessment
1. My monthly income is: \$ _____ 2. My (total) assets are: \$ _____	
<p>Notice to Married Couples – Under state and federal law, a married couple can protect assets for the spouse who is living at home while the other spouse is either in a nursing home or receiving nursing home level-of-care at home. This process is called a Spousal Assessment. You can request a Spousal Assessment before you apply for state or federal services.</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No I would like a Spousal Assessment to see what I can protect for my spouse.	

SECTION C	Functional Assessment
1. Personal Needs: Tell us if you need help with these tasks. (Write the number of help you need): 0 = No help 1 = Supervision / Reminders Needed 2 = Hands-on help 3 = Total dependence Bathing _____ Dressing _____ Eating _____ Toileting _____ Transfer (in and out of bed/chairs) _____ Walking _____ Medications _____ (Do you need help taking your daily meds? If so, tell us how much help you need.) Continence (Bowel and/or Bladder Control) _____ Meal Preparation _____	
2. Living Arrangements: (Circle one) Homeless Home with Family Home Alone Group Home Shelter Other _____ At home, does someone from your family or community (neighbors) help you whenever you need it? Yes No	
3. Behavioral Problems: (Circle all that apply) Wandering Abusive / Assaultive Self Injurious Verbally Aggressive Unsafe / Unhealthy Habits Threats to safety	
4. Medical Diagnosis or Condition: (Write in below) _____ _____	

Section D	Point of Contact	
Please contact me instead of the applicant: Name _____		I am the: <input type="checkbox"/> Power-of-Attorney <input type="checkbox"/> Conservator <input type="checkbox"/> Guardian (Circle if appropriate)
(I am the Point of Contact for the applicant)		
Phone _____ Relationship (family, friend, etc.) _____		

X _____
Applicant's signature or mark (X) Date Witness' signature if signed with an X

Person completing form on applicant's behalf	Relationship	Phone Number
FACILITY STAFF ONLY: Please complete if the person is in a hospital or a nursing home. (Not needed if a health screen is attached.) Name of facility: _____ Staff Member / Date _____ Phone # _____		

Mail to: Department of Social Services, Community Options, 9th floor, 55 Farmington Ave, Hartford, CT 06105-3725 or Fax to 860 424-4963

REMEMBER! A fully completed form will prevent delays in processing your application.

Persons who are deaf or hard of hearing and have a TDD/TTY device can contact DSS at 1-800-842-4524. Persons who are blind or visually impaired, can contact DSS at 1-860-424-5040.