Group Adult Foster Care Program

Information Required for Application of SSIG Benefits

Today's Date_____

Applicant's Name_____

Applicant Address_____ City_____ State_____ ZipCode_____

Phone Number _____

Maiden Name (if female applicant)_____

If you are a male applicant, list your wife's maiden name:_____

How long have you lived at this address?_____

Where did you live before this address?

Address_____City_____State_____ ZipCode_____

How long did you live at this address?_____

Applicant's Date of Birth_____ City & State of Your Birth_____

Are you an U.S. Citizen Yes_____ No_____

(If you are not a U.S. Citizen, specify place of birth)_____

Applicant's Social Security #_____ Mass Health/Medicaid #_____

Income Information (Monthly):

Gross Social Security Income (amount before any deductions) $_____
******(Copy of most recent Social Security Award Notice is required to process this application. See attached example).***

Gross Pension Income & Name of Pension $_____ Name_____
******(Documentation of Gross Pension Income & Name of Pension is required to process this application). Should include but not limited to lottery winnings, interest from bank accounts or other sources, gifts, etc.***

Income Information continued:

Other Monthly Income $_____ Source: _____

Total Gross Monthly Income for past 3 years:

Amount/Year_____

Amount/Year_____

Amount/Year_____

Bank Account Information (Current):

Date	*Bank*	*Type of Account*	*Account #*	*Amount*
_____	_____	_____	_____	*$*_____
_____	_____	_____	_____	*$* _____

Life Insurance:

Name of Company_____ Face Value $_____

Cash Value $_____ Any Interest or Dividends Paid $_____Per Year

Other Income:

Stocks/Bonds:_____

Other Assets (Explain):_____

_____

Do you own a car? Yes_____ No_____ Value $_____

Do you have a burial trust? Yes_____ No_____ Irrevocable? Yes_____ No_____

Amount $_____ Any cash-in value?_____

Medicare: Yes_____ No_____

Other Health Insurance Yes_____ No_____ What Type?_____

Marital Status

Are you: Still Married_____ Divorced_____ Separated_____

Is your spouse deceased? Yes_____ No_____

If your spouse is deceased, list date of death:

Day_____ Month_____ Year _____

If you are divorced or separated, please list the date of your divorce or separation:

Day_____ Month_____ Year_____

Your Spouse's Name:_____

Your Spouse's Date of Birth: Day_____ Month_____ Year_____

Date of your present marriage: Day_____ Month _____ Year_____

How Many Years Married?_____ Spouse Social Security #_____

If spouse is still alive, but not living with you, please include address, city, state where spouse lives:

Spouse Address_____ City_____ State_____

Zip Code_____ Phone Number_____

*****(List any other marriages and additional spouse information on back of this page)*****

Living Arrangement

Current Living Arrangement (type): ___nursing home ___assisted living

___in own home ___subsidized housing

___living with a family member or friend, if yes, list information of person you live with on the next page

Name of person you reside with:

Name_____ Relation to you_____

Address_____ City_____ State_____

How long in current living arrangement? _____ Monthly rent you pay_____

If living with a family or friend, do you pay rent and contribute to household expenses?

Yes_____ No_____

If yes, how much do you contribute to household expenses? _____

Previous Living Arrangement: Nursing Home_____ Own Home_____

Living with Family or Friend_____ Other_____

Name_____

Address_____ City_____ State_____

How Long in previous living arrangement_____

_____ _____

Signature of Resident *Date*

_____ _____

Signature of Responsible Person *Date*

SSIG CHECKLIST ATTACHED
10/06

SSIG CHECK LIST

Back-up documentation required to be submitted with this application:

_____ ***Copy of Social Security award letter (current this year)***

_____***Pension documentation (listing gross pension amount)***

_____***Copy of Mass. Health/Medicaid card (if applicable)***

_____***Stock, Bond, Etc. documentation (if applicable)***

_____***Copy of Burial Trust documentation (Irrevocable if over-asset)***

_____***Copy of life insurance policy(s) stating amount of benefit and cash value (if any)***

_____ ***Most recent bank statements dated for 1st. day of month of move in month***

_____***Copy of birth certificate or citizenship card***

Reminder to Resident

Copies of all Social Security correspondence indicating changes in benefits or any information regarding all income changes must be given to Emmanuel House Residence (Accounting Department). Also, as soon as you receive your Medicaid # and card, we will need a copy for our files.

Emmanuel House Residence
Accounting Department
Attn: Jane Kelly, 25 East Nilsson Street, Brockton, MA 02301