

NOTICE OF INTENT TO RETURN HOME

Document Purpose

The purpose of this Notice is to protect a home from consideration by a Medicaid agency as a countable asset in determining eligibility for Medicaid benefits. This Notice is pursuant to federal rules 20 C.F.R. § 416.1212(c) and state regulations.

Who Should Use this Document

- Medicaid long term care applicants who reside outside of their primary home or intend to reside outside their primary home in the foreseeable future.
- Medicaid long term care beneficiaries who reside outside of their primary home who have had a change of residents who do reside in the primary home (such as a spouse or other relative).

Notes

- Certain states require a physician's statement to accompany this Form. [Read about them here.](#)
- The following states (AL, AK, DE, HI, KS, MD, NC, OK, SC, SD, TX, WY) have their own forms for Intent to Return. [Read about them here.](#)

For health reasons, I, _____ am currently residing or intend
(Full Name)
to reside outside my primary home located at _____ in _____
(Street Address) (City)

(State) (Zip)

My temporary residence is at _____ in _____
(Street Address) (City) (State)
_____. However, my primary residence is still my home. When my health permits, I intend to return to
(Zip)
reside in my home.

Accordingly, the undersigned declares she/he swears or affirms that she/he intends to return to her home.

Name: _____

Date: _____

Signature: _____

By:

Agent under Power of Attorney

Declarant (Applicant / Beneficiary)

Spouse of Declarant (Spouse of Applicant / Beneficiary)

Should you need additional information regarding the validity, interpretation, or the administration of this Notice, you should contact the following person at:

Name: _____

Phone: _____

Address: _____

(Insert name, address and telephone number of contact person)