

Re:
TABS #:
Facility:

Dear

We are reviewing the above-named individual's finances and health insurance. You only need to advise us of information of which you have personal knowledge. **Please circle YES or NO as it pertains to each question.**

Please return this form in the enclosed envelope within one week. If there is not enough space to answer a question or if you wish to provide additional comments, please attach a separate sheet of paper. If you need assistance or have other questions, please call the number listed above. Your cooperation is appreciated.

Very truly yours,

Resources and Reimbursement Agent

1. Do you receive income from any source for the above-named individual?
NO (go to #2) **YES** (complete the following)

SOURCE	CLAIM NUMBER	AMOUNT
SOCIAL SECURITY		
SUPPLEMENTAL SECURITY INCOME (SSI)		
RAILROAD RETIREMENT		
VETERANS BENEFIT		
OTHER:		

2. Do you manage an asset, such as bank accounts, burial fund, stocks, bonds, etc. for the above-named individual?

NO (go to #3) **YES** (complete the following)

TYPE OF ASSET _____ CURRENT VALUE _____

ACCOUNT NUMBER _____

NAME AND ADDRESS OF BANK OR OTHER ORGANIZATION WHICH HOLDS THE ASSET

(BRO-273 CONTINUED ON REVERSE)