



Rushern L. Baker, III  
County Executive

# THE PRINCE GEORGE'S COUNTY GOVERNMENT

Department of Family Services  
Area Agency on Aging

## SENIOR ASSISTED LIVING GROUP HOME SUBSIDY PROGRAM

Dear Applicant/Responsible Party:

Thank you for your interest in applying for a monthly Subsidy with the Prince George's County Senior Assisted Living Group Home Subsidy Program. I am enclosing a Fact Sheet regarding the program, a list of approved providers under the Subsidy Program and an Application form to be completed and returned to this office. Please make sure the application is signed where indicated by the applicant or responsible party.

Please note that the original application must be mailed to the address below. Only completed application will be reviewed for approval. Also include photocopies verification of incomes, most recent bank statements, recurring medical out-of-pocket expenses (such as health insurance premiums and medications) and all other required documents as listed on the application. If the applicant owns property, please forward a copy of the current tax assessment for each property. The primary residence will not be considered an asset until one year after the applicant enters the Senior Assisted Living Group Home.

Once the application is received, you will be notified of the approval status within a few days. For further information, please contact the Assisted Living Program at (301) 265-8474.

Enclosures

Harriet Hunter Building – 6420 Allentown Road, Camp Springs, MD 20748  
(301) 265-8450 (VOICE) • (301) 248-5358 (FAX) • 711 Maryland Relay Service



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# THE PRINCE GEORGE'S COUNTY GOVERNMENT

## Department of Family Services Area Agency on Aging

### SENIOR ASSISTED LIVING GROUP HOME SUBSIDY PROGRAM

Senior Assisted Living Group Home Subsidy Program for the elderly provides a residential alternative to institutional care. Services include 24 hour on-site supervision, congregate meals, housekeeping, laundry and personal services. Transportation to and from doctor appointments may or may not be included. The residential or facility-based Program provides housing & supportive services, or combination of these services to meet the needs of residents promoting optimum dignity and independence for the residents. The Program is designed for persons 62 years of age or older, who are unable to perform, or who need assistance with the Activities of Daily Living such as meal preparation, bathing, grooming or dressing. This family-type setting includes private and semi-private rooms.

Facilities with four (4) to sixteen (16) elderly residents must be licensed and approved by the Maryland Department of Health and Mental Hygiene and the Maryland Department of Aging as an Assisted Living facility. All County and State requirements including zoning, housing and safety codes and health codes must be met prior to approval as an Assisted Living facility.

Fees vary and each Provider of a facility determines the monthly cost of care. Funds may be available to subsidize low-income elderly who need financial assistance in order to afford placement in a Senior Assisted living Group Home. Applications for subsidies are received and processed by the Prince George's County Senior Assisted Living Group Home Subsidy Program.

**For further information, please contact:**

**Assisted Living Program  
Department of Family Services  
Aging & Disabilities Services Division  
6420 Allentown Road  
Camp Springs, MD 20748  
(301) 265-8474**

**Harriet Hunter Building – 6420 Allentown Road, Camp Springs, MD 20748  
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Maryland Department of Aging  
Senior Assisted Living Group Home Subsidy Program

**Statewide Program Eligibility Verification Form**

Senior Assisted Living Group Home Subsidy Program is statewide programs that require all applicants and participants to produce reliable and accurate proof of age and income to qualify. Applicants must present one form of verification for age and one form of verification for income. The verification for income must be the current year income statement.

The following documents are some acceptable forms of proof of **age**:

- Valid Birth Certificate
- Valid Driver's License
- Valid Maryland State Identification Card
- Valid Passport

The following documents are some acceptable forms of proof of **Gross income**:

- Social Security Award Letter (Current Year)
- Pension Statement
- Income Tax Return
- VA Income
- Others

The following documents are some acceptable forms of proof of **assets**:

- Bank Statement
- Others

AAAs must ensure that each individual's file contains a copy of the following documents as evidence of program eligibility:

- A completed and signed Program Eligibility Verification Form;
- One of the acceptable forms of proof of age; and
- One of the acceptable forms of proof of income/ assets

AAAs must ensure that each individual's file contains a copy of the following documents as evidence of program eligibility:

I have read the requirements for enrollment in this program and agree to provide the requested documentation as proof of eligibility.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant or Applicant's Representative

I certify that I have received income and age documentation as proof of eligibility and that a copy of these documents will be placed in the applicant's file.

\_\_\_\_\_ Date: \_\_\_\_\_  
Area Agency on Aging Representative

## **INSTRUCTIONS FOR COMPLETING THE ASSISTED LIVING SUBSIDY APPLICATION FORM FOR PRINCE GEORGE'S COUNTY**

Please note that this is the **FIRST STEP** in the subsidy application process. This form will give our office the information needed for a preliminary review of the applicant's eligibility. When state and /or county funds are available to grant subsidy benefits, additional updated financial details will be required as well as an assessment by the Prince George's Adult Evaluation Review Service. On this application, please fill in all the blanks.

Special instructions for the following questions are below:

- #8 Please submit verification of income with the form. Income limit is **\$2,739** per month for a single person and **\$3,581** per month for a couple. Documentation is required to finalize the process. Please make sure the income amounts are **gross amounts** (before any deductions).
- #9 You may approximate medical expenses here. Again, verification of actual expenses will be needed to finalize the process.
- #11 Please submit verification of assets with this form. (Current bank statement)

A provider agreement is necessary to complete this process; only assisted living providers who are approved as subsidy providers may accept clients with the subsidy. The listing of all subsidy-approved providers is enclosed in this packet or please contact the Prince George's County Assisted Living Program at 301-265-8474.

If total assets are above **11,000** (single person) or **\$14,000** (couple), you may still submit this application and be placed on the waiting list. As assets are spent down over time, the applicant may meet the eligibility criteria by the time subsidy assistance is available. Out office will total everything. If we have a question, we will contact you.

In order to prepare for the final stage of the application when funds are available, set aside medical expense receipts and any documentation of monthly income (Social Security award letter, for example) and assets.

Return the application to:

**Joleana Wright  
Prince George's County Department of Family Services  
Aging and Disabilities Services  
Senior Assisted Living Group Home Subsidy  
6420 Allentown Road  
Camp Spring, MD 20748**

**Maryland Department of Aging**  
**Senior Assisted Living Group Home Subsidy**  
**Program Application Form**

Date Application Filed. \_\_\_\_\_

1. Applicant's Name \_\_\_\_\_
2. Social Security Number \_\_\_\_\_
3. Current Address \_\_\_\_\_
4. Telephone Number \_\_\_\_\_
5. Date of Birth \_\_\_\_\_ Sex: M or F Race: \_\_\_\_\_
6. Is the applicant related to the assisted living facility's owner (licensee) or any partner or officer of the licensee?  
( ) yes ( ) no If yes, state relationship \_\_\_\_\_
7. Name of person completing application \_\_\_\_\_
  - a. Relationship to Applicant \_\_\_\_\_
  - b. Address of Person Completing Application \_\_\_\_\_  
\_\_\_\_\_
  - c. Telephone Number/Email of Person Completing Application \_\_\_\_\_  
\_\_\_\_\_

**8. INCOME**

List **GROSS MONTHLY** income from all sources. Attach verification of current income such as Award Letters, Bank Statements, Pension Statement, Form 1099, where applicable.

Social Security (before Medicare Deduction)	\$ _____
Supplemental Security Income	\$ _____
Pensions	\$ _____
VA income/aid and attendance allowance	\$ _____
Interest on savings/other accounts	\$ _____
Dividends on stocks/bonds	\$ _____
Other income (e.g. rental income, alimony, royalties, Proceeds from trusts)	\$ _____
<b>TOTAL INCOME</b>	\$ _____

Revised 7/1/2015

**9. MONTHLY MEDICAL EXPENSES**

List **out-of-pocket** costs for all recurring monthly medical expenses including health insurance premiums and medications. Amortize one-time medical expenses (dental work, eyeglasses, hearing aids, etc.) to a monthly amount. Attach verification of expenses.

Estimated monthly medical expenses	\$ _____
Less 3% of Total Gross Monthly Income	- _____
Total Allowed Medical Expenses	\$ _____

**10. REAL PROPERTY**

List primary residence owned by Applicant and any rental, vacation or business property in which the Applicant has full or partial ownership. Include a copy of the current property tax assessment for each property.

Address

_____	\$ _____
_____	\$ _____
_____	\$ _____

Any property other than the primary residence of the applicant is considered a cash asset and is subject to the asset limits outlined below. A primary residence is defined as that place where the applicant is currently living or lived immediately prior to admission to an assisted living facility, unless the Applicant is entering directly from a nursing home or hospital. The primary residence will not be considered an asset until one year after the Applicant enters the assisted living facility, regardless of whether subsidy began at the time of entrance.

**11. ASSETS**

Assets are the net fair market value of all real property (listed above) and personal property excluding one personal automobile, customary household goods, personal effects, and life insurance with a cash surrender value of not more than **\$5,000**. NOTE: Trusts must be individually evaluated by the Department to determine consistency with asset policy.

**11. ASSETS (continued)**

List all personal property including checking and savings account balances, certificates of deposit, stocks and bonds. Attach verification of assets.

Assets	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Assets	\$ _____

**If the total assets are greater than \$11,000 for an individual or \$14,000 for a couple the Applicant is not eligible for subsidy.**

***AFFIRMATION***

I AFFIRM THAT THE INFORMATION PROVIDED BY ME IN THIS SUBSIDY APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship to Applicant if signed by  
Someone other than the applicant

*AUTHORIZATION TO OBTAIN RECORDS*

I HEREBY AUTHORIZE PRINCE GEORGE'S COUNTY DEPARTMENT OF AGING & DISABILITIES TO OBTAIN ALL REQUIRED DOCUMENTATION TO VERIFY MY ELIGIBILITY FOR SUBSIDY AND OTHER STATE AND FEDERALLY FUNDED PROGRAM.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

This authorization must be signed by the applicant or a person who has a power of attorney or guardianship to handle the financial affairs of the applicant.

**For Office Use Only**

Check one:

- \_\_\_\_\_ Approved for SALGH Subsidy
- \_\_\_\_\_ Not Approved for SALGH Subsidy
- \_\_\_\_\_ Approved but place on the Wait List for SALGH Subsidy
- \_\_\_\_\_ Reapproved for SALGH Subsidy

\_\_\_\_\_

Signature

\_\_\_\_\_

Date