



2666 Riva Rd., Suite 400  
Annapolis, MD 21401  
Phone (410)-222-4464  
TTY Users call via MD Relay 711  
[exjord00@aacounty.org](mailto:exjord00@aacounty.org)

**Pamela A. Jordan**  
**Director**

July 1, 2017

Dear Applicant:

Enclosed is an application for the Maryland Department of Aging Senior Assisted Living Group Home Subsidy Program. This assistance offers up to \$650 per month to eligible residents residing in subsidy-approved Assisted Living Program Homes licensed to serve four to sixteen persons. Applicants must be at least 62 years of age and functionally appropriate as determined by an Adult Evaluation and Review Services (AERS) Assessment.

Financial eligibility is based upon income and asset tests. Current monthly income limits are as follows: Individual: \$2,841 Couple: \$3,715. Current asset limits are as follows: Individual: \$11,000 Couple: \$14,000.

A list of approved subsidy providers can be obtained by calling this office at (410) 222-4328 or visiting our website at <http://www.aacounty.org>. All interested applicants will receive an AERS evaluation to confirm functional eligibility.

The subsidy appropriation earmarked to Anne Arundel County fails to meet the demand for residents residing in assisted living homes. There is currently a wait period to receive this grant. Please contact Maryland Access Point at 410-222-4257 to determine if you may be eligible for any other programs or assistance (request a Level 1 screen and AERS intake). Once the application is received, the applicant's name will be placed on the wait list. When a subsidy slot becomes available, you will be contacted. We do ask that you notify our office if there are any changes in the applicant's status, income or assets.

**All applications should be signed and dated in all designated areas of these forms.**

Please feel free to call with any questions about this application or the eligibility process.

Sincerely,

Susan Shelton  
Director, Assisted Living/Housing Program

Enclosure

Phone: 410-222-4336

Fax: 410-222-4358

**INSTRUCTIONS FOR COMPLETING THE  
ASSISTED LIVING SUBSIDY APPLICATION FORM  
FOR ANNE ARUNDEL 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 Anne Arundel County 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 this form. Income limit is \$2,841 per month for a single person and \$3,715 per month for a couple. Documentation is required to finalize the process. Please make sure the income amounts are **gross amounts (before 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. For a listing of all subsidy-approved providers, please visit our website at <http://www.aacounty.org> or contact the Anne Arundel County Assisted Living Program at 410-222-4328.

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. If we have a question regarding your application, we will contact you.

In order to prepare for finalizing the application when funds are available, please retain medical expense receipts and any documentation of monthly income (i.e. Social Security award letter, Veteran's Aid and Attendance award letter) and assets.

Return the application to:

Susan Shelton  
Anne Arundel County Department of Aging and Disabilities  
Assisted Living/Housing Program  
2666 Riva Road, Suite 400  
Annapolis, Maryland 21401  
(410) 222-4336

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

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Date Application Filed: \_\_\_\_\_

1. Applicant's Name \_\_\_\_\_
2. Social Security Number \_\_\_\_\_
3. Current Address \_\_\_\_\_
4. Telephone Number \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
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 of Person Completing Application \_\_\_\_\_

8. INCOME

List **gross monthly** income from all sources. Attach verification of income such as Award letters, bank statements, Form 1099, income tax return, where applicable.

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

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 medication 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.**

Asset	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Assets</b>	\$ _____

**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 ANNE ARUNDE 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.

Maryland Department of Aging & Disabilities  
Senior Care and Senior Assisted Living Group Home Subsidy Program

**Statewide Program Eligibility Verification Form**

Senior Care and Senior Assisted Living Group Home Subsidy Program are 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 following documents are acceptable forms of proof of age:

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

The following documents are acceptable forms of proof of income:

- Social Security Award Letter
- Earned Income Statement
- Income Tax Return
- Bank Statement

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

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