

Medicaid Program Designation of Funds for Burial

Case Name: _____

Case ID #: _____

SSN: _____

I declare that the resource(s) specified below is (are):

- 1) designated for burial only;
- 2) separately held;
- and**
- 3) not commingled with non-burial assets.

| FORM OF FUNDS SET ASIDE FOR BURIAL | NAME OF OWNER | DATE FIRST DESIGNATED FOR BURIAL | CURRENT VALUE | FOR WHOSE BURIAL ARE FUNDS SET ASIDE |
|------------------------------------------|---------------------|-------------------------------------|------------------|--------------------------------------------|
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I agree to report the withdrawal of any money from the above-referenced burial fund(s) to Louisiana's **Medicaid Program** within 10 days of the date of withdrawal.

I understand that: any money withdrawn from the above-referenced burial fund(s) will be counted as income in the month of withdrawal; any part of a withdrawal held over into the next month will be considered an available resource; and all interest and other assets which have accumulated on the fund shall be counted as a resource. Any balance remaining in the account after a withdrawal may be re-established as an excluded resource.

 Signature

 Date