

Skilled Nursing Home care has been or will be provided to my

_____, _____, I _____,
Relationship Name of Resident

represent that all known assets belonging to said Resident being admitted to Tolstoy Foundation Rehabilitation & Nursing Center shall be used solely for the benefit of said Resident. I further represent that to my knowledge there has not been, nor will there be, any transfers of said Resident's funds that might be considered inappropriate by Medicaid, if a Medicaid application becomes necessary. However, nothing herein shall prevent a transfer of the Resident's funds in a manner consistent with Medicaid law and regulations provided such transfer(s) do not result in a period of non-payment for nursing home services either privately or by Medicaid.

I guarantee that in the event Medicare, Medicaid or other private insurance is not obtained for payment of nursing home charged by Tolstoy Foundation Rehabilitation & Nursing Center, Co., Inc., (which I agree are fair and reasonable,) I will be fully responsible for the unpaid balance, out of the Residents Funds, including any transfer(s) inconsistent with Medicaid law and regulations, to the "spend down" amount allowed by Medicaid.

Signature Date Admission Date

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF
_____ 20_____.

Notary

A person requesting Medicaid Assistance for payment of nursing home charges may retain for their personal use an account not to exceed \$14,250.00. In addition to this amount, a separate Burial Fund, so stated for that purpose only, may be held in a separate account in the amount of \$1500.00.