



## Application for Hardship Waiver

This application is used to process your request for a hardship waiver due to a penalty period or denial due to excess home value. A penalty period was created when you transferred resources or income for less than their value or you were determined ineligible due to the value of your home. You must provide proof that an actual hardship exists as a result of the state's decision.

Your Name \_\_\_\_\_

DHS Case Number \_\_\_\_\_

Long Term Care Facility \_\_\_\_\_

Long Term Care Facility Address \_\_\_\_\_

- I am applying for a waiver due to a penalty period (complete Sections 1 and 3).
- I am applying for a waiver because I was denied due to my home value (complete Sections 2 and 3).

Section 1 for Penalty Periods: **We must review the transfer and the reason for the transfer.**

I transferred (value of property) \_\_\_\_\_

to (person or other entity) \_\_\_\_\_

my (relationship to me) \_\_\_\_\_

The reason I made this transfer was:

**We must review what you have done to recover the transfer including taking all reasonable legal action. Use additional sheets for multiple transfers.**

I have contacted the person/entity I made the transfer to and I have recovered \_\_\_\_\_ to pay for my care.

What steps have you taken to recover more than the amount you entered above?

Provide specific proof of the action you have taken.  
Attach copies of documentation, if available.

I am unable to recover any more because:

Section 2 for Home Value: **We must review what you have done to access the value of your home to pay for medical care.**

- My spouse (name) \_\_\_\_\_  
or my minor or disabled child (name) \_\_\_\_\_  
lives in the home.
- I contacted a realtor (name) \_\_\_\_\_  
whose phone number (with area code) is \_\_\_\_\_  
on (date) \_\_\_\_\_ to list my home for sale.
- Other Provide the reason you believe we should not consider the value of your home:

Section 3 for all Waivers: **We must review the reason a hardship exists.**

Without a hardship waiver, I will be deprived of (check those that apply):

- Food because \_\_\_\_\_
- Shelter because \_\_\_\_\_
- Clothing because \_\_\_\_\_
- Necessary Medical Care because \_\_\_\_\_
- Other Necessities of Life such as \_\_\_\_\_  
because \_\_\_\_\_

**We must review your proof that an actual hardship exists.**

Provide supporting proof that you will actually be deprived of food, shelter, clothing, medical treatment or other necessities of life.

**We must review your current resources.**

My current income is \_\_\_\_\_ per month from \_\_\_\_\_

I currently have resources totaling \_\_\_\_\_

My spouse has resources totaling \_\_\_\_\_ and \_\_\_\_\_

income per month from \_\_\_\_\_

Do you own or are you purchasing a home?    Yes     No

**We may need to contact you if we need more information, or if we need to discuss the information you gave us. What is the best phone number to contact you?**

Phone Number \_\_\_\_\_

**Is there someone else that you will allow us to talk to about your hardship waiver application?**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Sign below only if you declare under penalty of perjury that this information is true and correct to the best of your knowledge. Providing false information on this application may result in a denial.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative's Signature (if any)

Send this Application for Hardship Waiver to:  
Office of Counsel to the HFS Inspector General  
401 S. Clinton St., 6th Floor  
Chicago, IL 60607

or:

Fax 312-793-1475