MONTANA VETERANS HOME
400 VETERANS DRIVE
COLUMBIA FALLS, MONTANA 59912

CONFIDENTIAL FINANCIAL REQUEST

In order to determine your ability to pay for your cost of treatment, documentation of your income and expenses will need to be submitted either by fax or mail:

Fax 406-496-3872

MONTANA VETERANS HOME
Attention: Peggy Bennetts
PO Box 250
Columbia Falls, MT 59912

If you choose to pay full cost of care, please go directly to the declaration page, fill out the requested information, check the box by the full cost statement, sign the document and fax or mail it. If you choose to not complete the requested information, you will be responsible for paying the full cost of care for your treatment.

If you have income and expenses and want the state to determine if you are eligible for residency at a reduced cost, documentation must be provided for you, your spouse and dependents(if applicable). Provide copies of the following documents:

INCOME (including but not limited to the following):

- ✓ Most recent paystub or if self-employed copy of tax return
- ✓ Current checking/savings account statement(s)
- ✓ Alimony
- ✓ Stocks/Bonds certificate(s) bank certificate of deposit (CD)
- ✓ Individual accounts such as (IRA) or 401-K- current value or annuities, deferred compensation
- ✓ Money Market, Mutual Funds or any retirement, Social Security Income, (pension, Railroad, etc.) monthly amount, VA Pension, VA compensation, VA survivor benefits
- ✓ Rental income, interest, dividends, oil rights, mineral rights, royalties, inheritance, escrow, property including residence, trusts, holding companies, contract for deed
- ✓ Burial accounts, life insurance
- ✓ Vehicles (year, make, model)

EXPENSES (including but not limited to the following):

- ✓ Housing expenses (examples - mortgage or rent, utilities, taxes and insurance)
- ✓ Vehicle payment and/or insurance premium
- ✓ Court ordered debt
- ✓ Medical bills and/or premiums
- ✓ Representative payee fee
- ✓ Burial Account payments, Life Insurance premiums

The lists of documents above are most typical, if you have additional income or expense items, provide evidence of the additional items. Also please provide copies of Insurance, Medicare or Medicaid that can be applied to the cost of care at Montana Veteran's Home.

Complete and sign the declaration statement below. Submit all your documentation with the signed declaration by mail or fax.

Effective Date: 12-15-2014

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DECLARATION STATEMENT

I declare the information that I have provided is accurate to the best of my knowledge. I hereby authorize the Department of Health and Human Services to obtain/release financial information.

Name of person completing form: _____

Relationship to Resident: _____

Indicate if you are: Guardian_____ Conservator_____ Power of Attorney_____

Rep-Payee_____ Trustee_____ Other_____

_____ _____

Signature of financially responsible person or Self Contact Number

If applicable, include the requested information below for you and spouse

Your name	Date of Birth	Social Security number
Spouse Name	Date of Birth	Social Security number

☐ PLEASE CHECK IF YOU CHOOSE TO PAY FULL COST OF CARE

Fax 406-496-3872

Documents may also be mailed to Ms. Bennetts at:
Montana Chemical Dependency Center
Attention: Peggy Bennetts
525 E. Mercury
Butte MT 59701
Phone: 406-496-5407
mbennetts@mt.gov

Effective Date: 12-15-2014