

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 by one of the following routes:

- Fax: 406-496-3872
- Email: mbennetts@mt.gov
- Or by mail / in person to either one of the following addresses:

MCDC

Attention: Peggy Bennetts
525 East Mercury
Butte, MT 59701

OR

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

NOTE: Peggy's regular office is in Butte, and visits the Montana Veterans Home every other month. Please contact her by phone at 406-496-5407 or email mbennetts@mt.gov with any questions or to schedule a meeting with her at either location.

In order for 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 attached declaration statement, and submit all your documentation with the signed declaration by email, mail, fax, or in person.

Effective Date: 5-27-2015

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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