

Exercise Information – Marilyn (SLP)



Class	Description
Module	AG08 LTC Application Registration & Data Collection
HOH Name	Marilyn
Programs Requested	SNAP, Medical
Scenario from Instructor Guide	Marilyn is moving into a Supportive Living Program. She has an approved representative applying on her behalf for Snap and Medical assistance. She receives RSDI and pays the SLP standard at the facility.
Assumptions	No felony convictions, not a veteran, is not a migrant farmworkers

Question	Answer
Application Information	Received a paper application; Snap and Medical; prior months coverage requested for the community months.
Programs Requested	Snap and Medical; Interview not required
Head of Household	Marilyn XXX DOB: 11/02/1944; SSN: 337-11-XXXX; SSCN <i>same as SSN with an A</i> White, Non-Hispanic, Speaks English, Female, US Citizen, Resident of Illinois. Verifications: IL SoS Clearance (Other Acceptable) ; Federal Data Hub (Verified by SSA); Legal Birth Certificate
Special Accommodations	Supportive Living Facility Moved into the facility on the 2nd of the current month; Moved from Home Community Months: “At Home” (CSCD) 1 st of the month – 3 months prior to the application/reported on date
Approved Representative	John Marker – Power of Attorney 550 W. Van Buren Street, Chicago, IL 60607
Facility Address	Abbott House 405 Central Avenue, Room XX Highland Park, IL 60035; Lake County
Facility Information	Facility is a non-profit organization; not a public institution; does not have less than 17 residents; Licensed by State Facility Entrance Date: the 2nd of the current month <i>Private rate: \$135.00 per day and the State rate is \$76.00 per day</i> <i>SLP Standard: \$721.00</i> <i>Rent: \$631</i>

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Question	Answer
Unearned Income	Receives \$1200.90 RSDI Retirement: <i>paid monthly on the 3rd</i> Benefit application date: <i>1st of the month 1 year and 3 months ago</i> Benefit begin date: <i>1st of the month 1 year ago this month</i> Backdated months: Use \$1200 per policy Verification: SOLQ
Medical Expenses	Recurring monthly premium expense began on 10/01/2013 for \$104.90 <i>Date of Service: 1 month ago</i> <i>Date Billed/Paid: 1 month after application date</i> Group Home/SLF Standard Medical Deduction of \$485.00
Case Comments	<Insert any case comment text>