



## Statement of Hardship - Waiver of Penalty Period

Complete this form to request a waiver of a penalty period because it will cause you a hardship. This penalty period was created because you transferred resources or income before 11/1/11 for less than fair market value.

Read the statements below carefully. By completing and signing this form, you confirm the truth of the statements and information you provide below under penalty of perjury. You can be held legally responsible for giving false information.

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

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

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

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

**I confirm that in making the transfer that caused this penalty I was aware of the transfer policy (89 Ill. Adm. Code 120.387) that was in effect before 1/1/12, and made my decision about the transfers based on that policy.**

**If the State of Illinois does not pay for my care, I will be deprived of:**  
(check all that apply)

- Food
- Life-Sustaining Medical Care
- Clothing
- Shelter

I understand that by signing this **Statement of Hardship - Waiver of Penalty Period**, I consent to any investigation made by the Department to verify or confirm the information I have given or any other investigation made by them in connection with this request. I understand that I must cooperate in these efforts to verify information. I understand that if I have given false information or intentionally failed to disclose information, I may be subject to criminal or civil prosecution or both. I certify under the penalty of perjury that the information I have provided on this form is the truth to the best of my knowledge.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (If different than facility shown above.)

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

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

Return completed and signed form to: Office of Counsel to the HFS Inspector General, 401 S Clinton, 6th Floor, Chicago IL 60607 or Fax (312) 793-1475