



■ Grants Available for Eligible Nursing Home Residents

TO: Nursing Home Residents

Recent legislation has created a program which benefits qualified residents of nursing homes (skilled nursing or intermediate long-term care facilities licensed by the Illinois Department of Public Health).

The Nursing Home Grant Assistance Program pays each eligible nursing home resident a grant of **up to \$500** per quarter. The amount may be less, depending upon

- the number of days during each quarter he or she was a resident, and
- the total amount collected in fees by the Department from nursing homes each quarter.

The current program covers Fiscal Year 1993 only.

Quarterly fees have been imposed upon nursing homes to fund the grants. Nursing homes must pay \$1 per occupied bed-day for **all** residents under their care.

Nursing homes are responsible for

- notifying you about the program,
- reporting residents eligible for grants to us,
- permanently keeping copies of residents' statements of eligibility,

- paying to us the quarterly fees, and
- distributing to their eligible residents the grant checks they receive from us.

How do I apply for the grant?

You (or your legally authorized representative) must sign a statement affirming your eligibility to receive the grant. Nursing homes must maintain this information in their records.

A statement form appears on the back of this bulletin.

What are the eligibility requirements for the grant?

To qualify for the grant, you must

- reside in a licensed nursing home after June 30, 1992,
- not receive any assistance for nursing home care from the federal or state governments (excluding Medicare Part B benefits) for any day for which the grant is sought, and
- have an income (after nursing home care expenses have been subtracted) **not exceeding** 250 percent of the federal poverty level. (The federal poverty level is currently \$6,810 for individuals. Two hundred fifty percent of \$6,810 is \$17,025.)

How do I figure my income after nursing home care expenses?

If you have filed an individual income tax return for the 1991 taxable year, you will find your income

- on Line 1 of Form IL-1040,
- on Line 31 of U.S. Form 1040,
- on Line 16 of U.S. Form 1040A, or
- on Line 3 of U.S. Form 1040EZ.

If you did not file any of these returns, you may use the amount that would have been reported on any of these lines if you had filed.

If you filed a joint return, you may refigure the return as if you were single.

Nursing home care expenses include all amounts paid by you or on your behalf for care on the nursing home premises. If you have resided in the nursing home for only part of the year, you may annualize your nursing home care expenses by multiplying your average monthly expenses for nursing home care by 12.

Subtract your nursing home care expenses from income; then compare this amount with the income eligibility requirement.

How do I receive the grant?

Approximately 30 days after the quarterly certification (fee) is due, we will send the grant checks to you in care of the nursing home.

May the nursing home pass along the cost of the fee to residents?

The fee (\$1 per occupied bed-day) may **not** be billed or passed on to you or your representative, either directly or indirectly.

Questions?

If you have questions or need more information, please call or write us. Our telephone number and address are printed below.



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FOR INFORMATION...

CALL: 1 800 624-2459

WRITE: Illinois Department of Revenue, 101 W. Jefferson St., P.O. Box 19021, Springfield, IL 62794-9021

Statement of Eligibility

This Statement of Eligibility must be completed by the individual applying for a grant under the Nursing Home Grant Assistance Act. If the individual is physically or mentally unable to complete this statement, this statement may be completed by that individual's appointed legal guardian or other legal representative under Section 1-123 of the Nursing Home Care Act.

I, _____, for purposes of receiving such payments as I may be entitled to receive under the Nursing Home Grant Assistance Act, do hereby authorize

(eligible individual's name)

_____ to disclose to the Illinois Department of Revenue that:

(distribution agent's name)

My name is: _____;

My Social Security number is: ____ - ____ - ____;

I am not a recipient of federal, state, or combined federal and state medical care program payments (other than Medicare Part B benefits);

My *annual adjusted gross income after subtraction for nursing home care expenses* not paid for, in whole or in part, by a federal, state, or combined federal-state medical care program (other than Medicare Part B benefits) is: \$_____; and

I understand that _____ is required to pay to the Department of Revenue a fee of \$1 per occupied bed-day after June 30, 1992, and before July 1, 1993, and that

(distribution agent's name)

_____ is prohibited by law from passing on to me, or otherwise charging to me, directly or indirectly, the \$1 fee.

(distribution agent's name)

I understand that the Department of Revenue is authorized to verify this statement by requiring that I produce any and all documents, books, and records that I have consulted and relied on to complete this statement.

Signed: _____
(eligible individual's or legally authorized representative's signature)

(eligible individual's printed name)

Date: ____ / ____ / ____
month day year