

Edith Kassanavoid Gordon Assisted Living Center
Comanche Nation Subsidy Assistance Worksheet
Liquid Asset Calculations

Bank Account Balance:

Checking Account: _____

Savings Account: _____

Other Account: _____

Other Account: _____

Total Balances: _____

Subtract \$250.00 Deposit if New Admission & Not already deducted.

Subtract other amounts paid but not shown on bank statement: _____

(Provide next bank statement or computerized print out showing amount at earliest opportunity.)

Adjusted Bank Balance: _____

Amounts over \$400.00 will be applied towards private pay of \$120.00 per day before elder is eligible for subsidy assistance.

Amount applied towards private pay: \$ _____

Elder is eligible for subsidy starting on this date: _____.

Elder may reapply for subsidy on this date: _____.



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Income Calculations

Income received on a monthly basis:

Social Security Check: \$ _____

SSI Check: \$ _____

VA Aid & Attendance: \$ _____

Pension: \$ _____

Other Income:

_____ \$ _____

_____ \$ _____

Subtotal: \$ _____

Other income:

Elder's Check – Do Not Include

Per Capita Benefit Income – Do Not Include

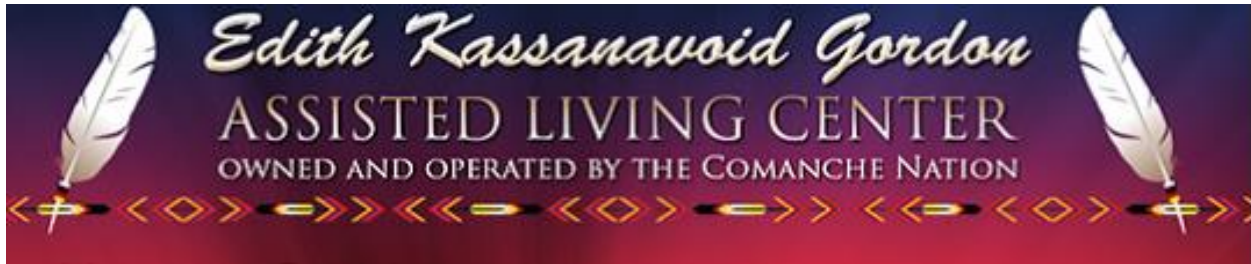
Other Income:	Frequency:	Monthly Amount:
_____ \$ _____	_____	\$ _____
_____ \$ _____	_____	\$ _____
_____ \$ _____	_____	\$ _____

Subtotal: \$ _____

Total income received on a monthly basis: \$ _____

Total other income: \$ _____

Total monthly income: \$ _____



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Insurance Calculations

Insurance Premiums:	Frequency:	Monthly Amount:
Medicare Part B	\$ _____	_____ \$ _____
Medicare Part D Prescription Drug Plan	\$ _____	_____ \$ _____
Medicare Supplemental Insurance	\$ _____	_____ \$ _____
Long Term Care Insurance	\$ _____	_____ \$ _____
Total:		\$ _____