



APPLICATION FOR UNDUE HARDSHIP WAIVER

Applicant Information

Name: _____
LAST FIRST MI

Address: _____
Route and Box or Number and Street Apt. Number

City / Town State Zip Code

County of Residence: _____ Date of Birth: ____ / ____ / ____
Month Day Year

☐ Check if the residence is a long-term-care facility.

Telephone _____
(Where you may be reached): Area Code

Social Security Number: _____ - _____ - _____

Person Making Request (If not applicant):

Name: _____
LAST FIRST MI

Address: _____
Route and Box or Number and Street Apt. # City / Town State Zip Code

Relationship to Applicant: _____

☐ Check if long-term-care facility staff.

If checked, signature of person giving permission for staff worker to apply:

Check below to indicate which of the following policies applied are the basis of your claim for undue hardship defined as a condition that exists when long-term-care services are denied which results in depriving the individual of medical care to the extent that the individual's health or life would be endangered or his food, clothing, shelter or other necessities of life are at severe risk:

- ☐ Excessive home equity
- ☐ Transfer to a non-permissible trust
- ☐ Transfer of asset penalty

(Check one.)

If the Undue Hardship Waiver request is related to a transfer of resources, are you or your representative acting on your behalf, making a good faith effort to pursue all reasonable means to recover or obtain fair market value for the transferred asset(s)?

☐ Yes ☐ No

Please explain and attach documentation: _____

Do you have any other source, **either income or other assets**, available to provide medical care, food, clothing, shelter or other necessities of life?

☐ Yes ☐ No

Describe any other factors that should be considered in reviewing the Undue Hardship Waiver.

Include any supporting documentation for your claim of undue hardship, attaching additional sheets if needed.

I affirm that the foregoing information and any attachments are true and accurate to the best of my knowledge.

Signature of Applicant or Representative

Date Signed

Submit completed form and all supporting documentation to:

WV DHHR - _____ County Office

Attn: _____

Submit this DFA-UH-5 and any additional attachment within 13 calendar days of receipt of this form.