BHSF Resources
Rev. 11/08
Prior Issues Usable
IV

Medicaid Program
Request for Resources & Interest Income Information

TO:	RETURN TO:
_____ (Financial Institution Name)	**Bureau of Health Services Financing**
_____ (Address)	_____ (Address)
_____ (City, State & Zip Code)	_____ (City, State & Zip Code)

Name:	SSN:
Maiden/Other Names:	Spouse:
Address:	
Account Number(s):	Case ID Number:

The following information is needed by Louisiana's **Medicaid Program** to determine my initial or continuing eligibility. I understand that any information obtained will be kept confidential and that: (1) this authorization is valid no longer than three months from the date of my signature; (2) I have the right to revoke this authorization at any time before this information is released; (3) the specific information being requested is shown in the Reply Section below; (4) I have the right to obtain a copy of the record of information released to the agency by the financial institution; and (5) the release of this information is not required as a condition of doing business with the above-named institution.
I authorize the above-named institution to provide any information concerning my current and past resources, income and transactions to Louisiana's Medicaid Program.

_____ Signature of Applicant/Recipient

_____ Signature of Spouse

_____ Signature of Witness, if signed with an "X"

_____ Signature of Witness, if signed with an "X"

Please provide the information requested below.

_____ Agency Representative

_____ Date

FINANCIAL INSTITUTION REPLY:

Checking Account: ☐ **Yes** ☐ **No**

Current Balance $_____ Balance as of : _____ $_____ _____ $_____ _____ $_____

Indicate ALL names and numbers (including and/or) on account(s):_____

Account closed as of: _____ Balance as of: _____ $_____

Savings Account: ☐ **Yes** ☐ **No**

Current Balance $_____ Balance as of : _____ $_____ _____ $_____ _____ $_____

Indicate ALL names and numbers (including and/or) on account(s): _____

Account closed as of: _____ Balance as of: _____ $_____

List type(s) and amount(s) of any other resources (IRAs, CDs, Safe Deposit Boxes, etc.):

Show interest paid or credited to account(s) during the 12 months prior to _____:

January	February	March	April	May	June
$_____	$_____	$_____	$_____	$_____	$_____
July	**August**	**September**	**October**	**November**	**December**
$_____	$_____	$_____	$_____	$_____	$_____

Show any large withdrawals in the past _____ months:

January	February	March	April	May	June
$_____	$_____	$_____	$_____	$_____	$_____
July	**August**	**September**	**October**	**November**	**December**
$_____	$_____	$_____	$_____	$_____	$_____

_____ Signature of Bank Representative

_____ Date