

# REQUEST FOR AN OBLIGATION VARIANCE

## ABILITY TO PAY – PATIENT OR FAMILY OBLIGATION FOR CARE AT STATE INSTITUTION

1. Name of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Legally Responsible Person (if other than patient): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

2. I am applying for (check one): \_\_\_\_\_ a reduction \_\_\_\_\_ waiver of entire obligation

NOTE: (1) and (6) below each have two questions, reply to the one appropriate to your request.

- a. Persons requesting a waiver of the entire obligation or a reduction may provide information they want the committee to consider. For any question that you think does not apply to your situation, please write, "Does Not Apply".
- b. If requesting entire obligation to be waived: **What is the hardship and is the patient/family experiencing deprivation of essential needs like food, clothing or shelter?**
- c. If requesting a reduction: **What is the significant change and what are the consequences and impact of the resulting financial burden?**
- d. Estimate the gross income (GI) for the current year, provide the gross income for the previous year and provide a brief explanation of the reason for the variance. If a severance package is to be received as part of a layoff, the income from it is to be included in the gross income.

GI estimate for current year \$ \_\_\_\_\_ GI last year \$ \_\_\_\_\_ for Year 20 \_\_\_\_\_

3. Because of the hardship or burden: **What are the "unusual" average monthly costs that are above and beyond the typical costs faced by families with a family member in a state institution? Itemize, then describe need for.**

<u>Average Monthly Cost</u> For Product/Service	<u>Itemize the</u> Product/Service	<u>Average Monthly Cost</u> For Product/Service	<u>Itemize the</u> Product/Service
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1.\$	1.	3.\$	3.
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2.\$	2.	4.\$	4.
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Briefly Describe Need for Each Item in #3:

4. Is there a significant burden being placed on the patient/family of a non-financial nature?
  
5. Is the patient/family response to the deprivation or burden (particularly as identified in (1) and (3) a result of events beyond the family's control, or rather the result of its own choosing?
  
6. If requesting entire obligation be waived: **Does, the situation rise to the level of being a "demonstrable hardship" and why?**
  
7. If requesting a reduction: **Does, the situation rise above the usual circumstances that create expenses for a patient/family who has a family member at a state institution and why?**
  
8. How long is the deprivation or burden likely to continue?
  
9. Please add any documentation to support your request and any additional information the patient/family wants the state to consider that is not included in the responses may be written on separate sheet.

**The information I have provided on this Request for Obligation Variance form is true and correct to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return form to:**