TEXAS Health and Human Services Commission

Date

Eligibility Specialist
Office Address and Telephone No

(Name and Address of applicant, recipient or Responsible Person)

NOTICE OF OPPORTUNITY TO DESIGNATE COUNTABLE RESOURCES

Name:_____ **Client No.:**_____

Your countable resource(s) and their countable equity value(s) are listed below. You have a Long-Term Care Partnership (LTCP) disregard balance available to you in the amount of $_____. Please select (by checking the box in the "Yes" column) from the list below the resource(s) you want to designate for the Long-Term Care Partnership disregard and fill in the amount you want to designate in the applicable "Amount Designated" box, not to exceed the LTCP disregard balance available.

NOTE: Once a countable resource is designated you will not be able to change your mind and exchange it for another at a later date. A designated countable resource(s) must be designated in its entirety, if possible. If you dispose of the LTCP designated resource(s) you are not allowed to designate another countable resource in its place.

Yes	Countable Resource	Equity Value	Amount Designated	Name/Address/Location
☐	**Checking Account** Account No. Account No.			
☐	**Savings Accounts, Certificates of Deposit, Individual Retirement Accounts** Account No. Account No.			
☐	**Trust Funds**			
☐	**Cash**			
☐	**Land, Lots, or Houses**			

Yes	Type of Resource	Countable Equity Value	Name/Address/Location
☐	**Life Insurance** Policy No. Policy No.		
☐	**Annuities** – Describe		
☐	**Oil, Gas, Mineral, Surface Rights –** Describe		
☐	**Life Estate**		
☐	**Other** – Describe		

Name of Person Completing Form (if not client)	Relationship to Client	Home Telephone No.	Work Telephone No.
Address (Street, City, State, ZIP			

BE SURE THIS FORM IS SIGNED BEFORE IT IS RETURNED

Signature—Client	Date	Signature—Spouse	Date
Signature—Responsible Person	Date	Relationship to Client	

If the client cannot sign his name, two witnesses to the client making his mark (X) must sign below:

Signature—Witness	Date	Signature—Witness	Date

With a few exceptions, you have the right to request and be informed about the information that the Health and Human Services Commission (HHSC) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, please contact your local HHSC office.