

## STATEMENT OF CLAIM REQUEST FORM

<b>DECEDENT'S NAME:</b>	
<b>DECEDENT'S LAST KNOWN ADDRESS:</b> <i>(Prior to entering nursing home)</i>	
	<i>(CITY, STATE, ZIP CODE)</i>
<b>DECEDENT'S SOCIAL SECURITY NUMBER:</b>	/ /
<b>DECEDENT'S DATE OF BIRTH:</b>	
<b>DECEDENT'S DATE OF DEATH:</b>	
<b>GROSS AMOUNT OF DECEDENT'S ESTATE:</b> <i>(Written documentation must be included)</i>	
<b>PERSONAL REPRESENTATIVE'S NAME:</b>	
<b>PERSONAL REPRESENTATIVE'S ADDRESS:</b>	
	<i>(CITY, STATE, ZIP CODE)</i>
<b>PERSONAL REPRESENTATIVE'S PHONE NUMBER:</b>	(            )
<b>ATTORNEY'S NAME:</b>	
<b>ATTORNEY'S ADDRESS:</b>	
	<i>(CITY, STATE, ZIP CODE)</i>
<b>ATTORNEY'S PHONE NUMBER:</b>	(            )

**SEND TO:**

**DEPARTMENT OF PUBLIC WELFARE  
DIVISION OF THIRD PARTY LIABILITY**

**ESTATE RECOVERY PROGRAM**

P.O. Box 8486  
Harrisburg, PA 17105-8486

**Estate Recovery Hotline**  
1-800-528-3708

**Facsimile #: (717) 772-6553**