

# **UNDUE HARDSHIP WAIVER REQUEST FORM**

Do not leave any blank spaces. If the question does not apply, write not applicable (n/a). If we do not have the documentation to review this waiver request within sixty (60) days from receipt of this waiver form, we will submit this recovery to an attorney in the county where the client resided to handle as an unadministered estate.

|                                                                             |                         |
|-----------------------------------------------------------------------------|-------------------------|
| <b>DECEDENT'S NAME:</b>                                                     |                         |
| <b>DECEDENT'S SOCIAL SECURITY NUMBER:</b>                                   |                         |
| <b>DECEDENT'S DATE OF BIRTH:</b>                                            |                         |
| <b>CLIENT INFORMATION SYSTEM (CIS)<br/>NUMBER: (if known)</b>               |                         |
| <b>DECEDENT'S PROPERTY ADDRESS:</b>                                         |                         |
|                                                                             | (CITY, STATE, ZIP CODE) |
| <b>COUNTY WHERE DECEDENT'S PROPERTY<br/>IS LOCATED:</b>                     |                         |
| <b>FORM COMPLETED BY:</b>                                                   |                         |
| <b>NAME:</b>                                                                |                         |
| <b>RELATIONSHIP TO DECEDENT:</b>                                            |                         |
| <b>ADDRESS:</b>                                                             |                         |
|                                                                             | (CITY, STATE, ZIP CODE) |
| <b>TELEPHONE NUMBER:</b>                                                    | ( )                     |
| <b>INDIVIDUAL REQUESTING WAIVER:</b><br>(if same as above, do not complete) |                         |
| <b>RELATIONSHIP TO DECEDENT:</b>                                            |                         |
| <b>ADDRESS:</b>                                                             |                         |
|                                                                             | (CITY, STATE, ZIP CODE) |
| <b>TELEPHONE NUMBER:</b>                                                    | ( )                     |

**THE DEPARTMENT WILL MAKE THE DECISION WHETHER TO GRANT THE WAIVER  
AFTER ALL OF THE FOLLOWING CONDITIONS ARE MET:**

**DECEDENT'S PRIMARY RESIDENCE**

1. Date the individual requesting the waiver moved into the residence: \_\_\_\_\_

2. Date the individual requesting the waiver began providing care for the decedent: \_\_\_\_\_

3. Has the individual requesting the waiver lived there continuously for two years immediately prior to the decedent's receipt of nursing home care or for two years during the time which home and community-based services were received?

Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YES:** Provide documentation indicating residency during the two year time period. For example: copy of driver's license, pay stubs, W-2 form, etc.

4. Did the individual requesting the waiver provide care or support to the decedent for two years immediately prior to the decedent's receipt of nursing home care or for two years during the time which home and community-based services were received?

Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YES:** For the estate of a decedent who resided in a nursing home, we need a statement from someone other than the person requesting the undue hardship waiver or an interested party, stating the person living in the home has provided care or support for at least 2 years immediately prior to the decedent's receipt of nursing home care

For the estate of a decedent who received home and community based waiver services, we need a statement from someone other than the person requesting the waiver or an interested party, stating that person living in the home provided care or support to the decedent two years during the time the recipient received community based waiver services

5. Does the individual requesting the waiver have any other alternative permanent residence?

Yes \_\_\_\_\_ No \_\_\_\_\_

**IF NO:** Complete and return the attached notarized No Alternative Permanent Residence Affidavit which must be notarized.

**OTHER INFORMATION**

Please provide any other information you feel may be important to the department in order to make its decision.

**ACKNOWLEDGEMENT:**

**I ACKNOWLEDGE THAT THE INFORMATION I HAVE SUPPLIED ON THIS FORM IS SUBJECT TO THE PENALTIES SET FORTH IN 18 Pa.C.S.A. §4904 (relating to unsworn falsification to authorities)**

**SIGNATURE**

**DATE**

**SEND ALL CORRESPONDENCE TO:**

**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF THIRD PARTY LIABILITY  
ESTATE RECOVERY PROGRAM  
P.O. BOX 8486  
HARRISBURG, PA 17105-8486**

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

**ESTATE RECOVERY HOTLINE: 1-800-528-3708**

