

**SPOUSAL IMPOVERISHMENT WORKSHEET FOR VIRGINIA MEDICAID**

**RESOURCES EXISTING ON SNAPSHOT DATE**

<p><b>NAME OF INSTITUTIONALIZED SPOUSE:</b> _____</p> <p><b>NAME OF COMMUNITY SPOUSE:</b> _____</p> <p><b>DATE OF INSTITUTIONALIZATION:</b> _____</p>
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*All Values And Ownership As Of First Day of Month of Institutionalization*

Description	Owner (H,W,J)	Where (Bank Name, Address)	Lien Amount, If Any	Countable Value
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Virginia Medicaid Manual § M 1480, Addendum to Appendix 1 032-03-815