

Programs of All-Inclusive Care for the Elderly (PACE) Application Form

Applicant Identification

- **Submission Date:** 04/20/2025
- **Applicant Name:** Samuel Lee
- **Date of Birth:** 09/30/1942 (Age: 82)
- **Address:** 789 Willow Road, San Francisco, CA 94117
- **Phone Number:** (415) 555-6789
- **Medi-Cal Case Number:** 9876543210
- **Medicare Number:** 2AB6-CD7-QX45

Eligibility Checks

- **Age (55+):** Yes ☒
- **Lives in PACE Service Area:** San Francisco/Santa Clara via On Lok Lifeways ☒
- **Eligible for Nursing Home Level of Care:** Yes ☒ (County assessment dated 04/15/2025)
- **Able to Live Safely in Community:** Yes ☒ (Care plan attached)

Medi-Cal Aid Code (MAGI): SSI-related ☒

Dual Eligible (Medicare & Medi-Cal): Yes ☒

Spousal Impoverishment

- **Spouse Name:** Helen Lee
- **Spouse Community Residence:** 789 Willow Road, San Francisco, CA 94117

- **MFBU Status:** Samuel separate; Helen separate
- **Resource Transfer:** None (assets below community spouse limit)

Consent & Signature

I understand the PACE program becomes my sole source of Medicare and Medi-Cal services.

- **Applicant Signature:** _____ **Date:** //____
- **Staff Signature:** _____ **Date:** //____