

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

Applicant Identification

- **Submission Date:** 05/16/2025
- **Applicant Name:** Nancy Carter
- **Date of Birth:** 06/18/1962 (Age: 62)
- **Address:** 15 Mountain View Blvd, Stockton, CA 95210
- **Phone Number:** (209) 555-9012
- **Medi-Cal Case Number:** 2345678910
- **Medicare Number:** 5XY7-GH8-ZK99

Eligibility Checks

- **Age (55+):** Yes ☒
- **Lives in PACE Service Area:** No ☐ (Stockton not served)
- **Eligible for Nursing Home Level of Care:** Yes ☒ (County social worker report attached)
- **Able to Live Safely in Community:** Yes ☒ (Independent living plan provided)

Medi-Cal Aid Code (MAGI): Yes ☒

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

Spousal Impoverishment

- **Spouse Name:** N/A
- **Spouse Community Residence:** N/A

- **MFBU Status:** Single household unit
- **Resource Transfer:** Not applicable

Consent & Signature

I consent to be evaluated for PACE services and understand participation is contingent on meeting all requirements.

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