

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

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## Applicant Identification

- **Submission Date:** 05/10/2025
- **Applicant Name:** Maria Hernandez
- **Date of Birth:** 02/15/1945 (Age: 80)
- **Address:** 123 Elm Street, Oakland, CA 94607
- **Phone Number:** (510) 555-1234
- **Medi-Cal Case Number:** 0123456789
- **Medicare Number:** 1EG4-TE5-MK73

## Eligibility Checks

- **Age (55+):** Yes ☒
- **Lives in PACE Service Area:** Alameda County – Oakland center ☒
- **Eligible for Nursing Home Level of Care:** Yes ☒ (Physician assessment attached)
- **Able to Live Safely in Community:** Yes ☒ (Home safety evaluation attached)

**Medi-Cal Aid Code (MAGI):** Lived-in group ☒

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

## Spousal Impoverishment

- **Spouse Name:** Roberto Hernandez
- **Spouse Community Residence:** 456 Pine Drive, Oakland, CA 94607

- **MFBU Status:** Maria (PACE participant) separate; Roberto (community spouse) separate
- **Resource Transfer:** Authorized transfer of \$50,000 to community spouse under spousal impoverishment rules

### **Consent & Signature**

I agree to enroll in the PACE program and authorize verification of my medical and financial eligibility.

- **Applicant Signature:** \_\_\_\_\_ **Date:** // \_\_\_\_\_
  - **Staff Signature:** \_\_\_\_\_ **Date:** // \_\_\_\_\_
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