

ATTESTATION FOR DISTRIBUTION OF ECONOMIC STIMULUS PAYMENT

I, _____ (Resident’s name), received an Economic Stimulus Payment from the Internal Revenue Service on _____, 2020. I understand that these funds belong to me for my use, and I may use them in any manner I choose. I wish to use the Economic Stimulus Payment in the following way:

_____ I would like the facility to hold it in my trust account for use at a later date. I understand that I must use these funds within 12 months of receipt at which time the funds will be considered a resource by Medicaid and could impact my Medicaid eligibility.

_____ I have chosen to retain these funds for my own use. I understand the risk associated with keeping large sums of money. I acknowledge that the facility has no obligation to ensure that I spend these funds within 12 months at which time the funds will be considered a resource by Medicaid and could impact my Medicaid eligibility.

_____ I have requested that my Resident Representative maintain these funds for my use and benefit as I direct. I acknowledge that the facility has no obligation to ensure that I spend these funds within 12 months at which time the funds will be considered a resource by Medicaid and could impact my Medicaid eligibility

_____ I have gifted or donated the funds to:

_____.

_____ Other: _____

By signing below, you attest and acknowledge that you understand that the Economic Stimulus Payment is yours to be used in any way you would like. You also acknowledge and attest that the information above documents your wishes regarding the use of the Economic Stimulus Payment and was done without influence, coercion or duress by anyone. Further, the above accurately describes your wishes for the use of the funds.

This form should be signed by the resident or resident’s legal guardian and by two witnesses **or** a notary

SIGNATURES ON FOLLOWING PAGE

Resident Signature

Date

Legal Guardian (if applicable)

Date

Witness

Date

Witness

Date

OR

State of Alabama }
County of _____ }

I, _____, hereby certify that _____ whose name is signed to the foregoing Attestation, and who is known to me, acknowledged before me on this day that, being informed of the contents of the Attestation, he executed the same voluntarily on the day the same bears date.

Given under my hand this ___ day of _____, 20___. (Seal)

Notary Public