



**DISQUALIFYING TRANSFER WORKSHEET**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ECONOMIC ASSISTANCE/MEDICAID  
 SFN 199 (7-2024)

Name of Applicant	Case Number	Application Date
Date Determined Medically Frail	Date Entered Facility	Does a qualifying transfer exist? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, length of disqualifying transfer penalty period:

Type of Asset	Current Fair Market Value	Date of Transaction	Type of Transaction	Fair Market Value at Time of Transaction	Money Received from Transaction	Agency Use Only	Countable Asset Value
<b>Total Amount of Disqualifying Transfers</b>							