# DISQUALIFYING TRANSFER WORKSHEET

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EMPLOYEE ASSISTANCE DIVISION/MEDICAID
SFN 199 (8-2014)

Clear Fields

| Name of Applicant | | Case Number | Application Date |
|---|---|---|---|
| Date Determined Medically Frail | Date Entered Facility | Does a qualifying transfer exist? ☐ Yes ☐ 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 |
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