

IN THE COURT OF COMMON PLEAS OF UNION COUNTY, OHIO  
PROBATE DIVISION  
JUDGE RICK RODGER

ESTATE OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

**MEDICAID ESTATE RECOVERY ACKNOWLEDGMENT**

R.C. 2117.061, R.C. 5162.21, Loc.R. 62.3

The undersigned fiduciary (not represented by legal counsel) hereby acknowledges that the Decedent's Estate may be subject to Ohio's Medicaid Estate Recovery Program if the Decedent was a recipient of medical assistance program ("Medicaid") benefits under Ohio Revised Code Chapter 5162 and either: (1) aged fifty-five (55) years or older on the date of their death or (2) a permanently institutionalized individual of any age.

As the Applicant or Fiduciary (person responsible for the Estate) herein, I acknowledge that within thirty (30) days of filing an application to initiate this action, if it appears the Decedent meets the criteria for the Medicaid Estate Recovery Program, I must report this proceeding to the Ohio Department of Medicaid, as follows:

1. **Prepare** a **Notice to Administrator of Medicaid Estate Recovery Program** (SPF 7.0(A)) and **Mail** that document to: Medicaid Estate Recovery, 150 E. Gay Street, 21st Floor, Columbus, Ohio 43215; **AND**
2. **Prepare** a **Certification of Notice to Administrator of Medicaid Estate Recovery Program** (SPF 7.0) and **File** that Certification with this Court after the Notice (SPF 7.0(A)) is mailed.

Therefore, as of the date written below, I hereby swear or affirm the following to the Court [CHOOSE ONE]:

- ☐ **The Decedent appears to meet the criteria** for the Medicaid Estate Recovery Program.  
I will prepare and mail the Notice, then file the Certification with this Court.
- ☐ **The Decedent does not meet the criteria** for the Medicaid Estate Recovery Program,  
therefore, I do not have to prepare and mail a Notice.
- ☐ **I have not yet determined if the Decedent meets the criteria** for the Medicaid Estate Recovery Program, **but I will promptly make that determination.** If the Decedent does not meet the criteria, I will file an updated version of this form. If the Decedent meets the criteria, I will prepare and mail the Notice, then file the Certification with this Court not more than 30 days after this action opened.  
**I understand that this action will not close until I have made this determination and filed the updated information with the Court.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Fiduciary Signature

\_\_\_\_\_  
Typed or Printed Name

Signed and acknowledged by the above-named Applicant/Fiduciary in  
my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_

☐ Notary Public   ☐ Deputy Clerk

[SEAL]