

**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, 30 East Broad Street, 14th 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]