

Statement of Intent to Return Home

Please Complete and Return

Alabama Medicaid Agency

Sponsor's or Claimant's Name

Address

Re: Statement of Intent to Return Home

Claimant

Medicaid

Number: _____

Facility

1. Does the claimant listed above, or his or her spouse, still own homestead property?
 Yes No
2. What is the planned use of this property? (Such as: no planned use, plans to return home, rental property.) _____

3. Does anyone reside in the home? Yes No
4. Is anyone responsible for paying the taxes on this property? Yes No
5. Is anyone responsible for upkeep on this property? Yes No

Signature
(Sponsor or Claimant)

Date