



KAY IVEY
Governor

Alabama Medicaid Agency

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STEPHANIE MCGEE AZAR
Commissioner

Application for Hardship Waiver

Mail or fax the completed application form and supporting documentation to the contact information below.

All of the information requested in this application is voluntary; however, failure to completely and accurately provide the information may result in a denial of the undue hardship waiver.

Each heir with an interest in the individual’s estate must apply for a separate hardship. If approved, that heir’s interest in the estate will be exempt from recovery but the estate interests of other heirs that did not apply for a hardship or whose application(s) for a hardship was/were denied are subject to recovery.

Each heir who requests a hardship waiver must complete the appropriate section(s) of this application and return it with supporting documentation within 60 days from the date of the Notice. Applications returned later than 60 days from this date will not be accepted.

Written notification will be sent to the applicant with an explanation of the determination. If the request is denied, the applicant has an additional 60 days to submit a written request for review of the denial. Medicaid will review submitted documentation and make a determination.

The criteria for an undue hardship waiver are as follows:

“Undue Hardship” is defined as the existence of a situation, established by convincing evidence, that the estate subject to recovery is an asset such as a family farm or family business which produces “limited income” (defined as equal to or less than the income limit established in Rule 560-X-25.14) and is the sole income-producing asset of one or more heirs to the estate.

An undue hardship is not available in the following circumstances:

1. For recipients with long term care insurance policies who became Medicaid eligible by virtue of disregarding assets because of payments made by a long term care insurance policy or because of entitlement to receive benefits under a long term care insurance policy;
2. If Medicaid determines the hardship was created by the recipient by resorting to estate planning methods under which the recipient illegally divested assets in order to avoid estate recovery.

**Please complete and return this application to:
Alabama Medicaid Agency – Estate Recovery/Liens Section
PO Box 5624
Montgomery, AL 36103**

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It is the applicant's responsibility to provide complete information to the Alabama Medicaid Agency ("Medicaid"). The undue hardship waiver request will be denied if the applicant does not submit the necessary supporting documentation to meet the undue hardship criteria. A copy of the Will or Affidavit of Heirship must be attached to this application.

Please fill this out in blue or black ink (if not using the fillable version).

All applicants must complete the general information requested on this page.

Decedent's Name (First, Middle, Last)		
Decedent's Medicaid ID Number	Decedent's Social Security Number	Decedent's Date of Birth (mm/dd/yyyy)
List the estate asset that is subject to probate:		
List the assets that will pass directly to the heirs/beneficiaries independent of the probate process:		

Applicant's Name (First, Middle, Last)		Relationship to Decedent	
Applicant's Primary Residence	City	State	Zip Code
Area Code and Telephone Number	Social Security Number	Date of Birth (mm/dd/yyyy)	
Applicant's Employer		Employer Area Code and Telephone Number	
Employer Address	City	State	Zip Code

Spouse's Name (First, Middle, Last)		Spouse's Area Code and Telephone Number		
Spouse's Address (If different from Applicant's)	City	State	Zip Code	
Spouse's Employer		Spouse's Employer Area Code and Telephone Number		
Spouse's Employer Address	City	State	Zip Code	

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Please answer all of the questions and provide the documentation requested. If needed, use a separate sheet of paper.

1.	Describe the income-producing asset in detail.
2.	How much income have you received from the asset during the current calendar year?
3.	How much income have you received from the asset in each of the three previous calendar years?
4.	What are your other sources of income?
5.	What is your total gross income?
6.	Attach your most recent two years of federal tax filings, including all W-2s and supporting schedules. If you have not filed taxes recently, please explain why not.
7.	Attach documentation showing all revenue produced by the asset in the past two years. If this is not available, explain why it is not available.

I certify that the information I have provided is true and complete to the best of my knowledge.

Signature of Applicant

Date