

Local Office Address



# Financial Planning Title XIX

Seniors and  
People with  
Disabilities

## Client 1

SDS 0458A

Last name Jolly

Client

First name Joe Initial(s) JJ

Joe Jolly

Medicare Coverage  Part A, claim number 121212121

Part B, claim number 121212121

Part D, claim number

Date sent  
07/15/2014

## Money sources 2

Case number  
121212

Partial Month Effective Due to Facility

Prime number  
121212

Effective Full Month Ongoing  
January February

Date of birth  
01/01/43

Social Security \$1,062.40 \$1,062.40

Railroad Retirement

Veteran's Benefit

SSI

Pension \$250.00 \$250.00

Other

**Total Income** \$1,312.40 \$1,312.40

Program

Branch code

Less personal allowance -\$60.00 -\$60.00

Less Medicare premium -\$115.00 -\$115.00

Less diversion to spouse

Other health insurance

Other incurred medical -\$25.00 -\$25.00

Trust costs

Shelter expenses

**Due to Facility** \$1,112.40 \$1,112.40

Worker

Cassie Case Mgr.

Worker phone  
121-121-1212

\*Expenses that are a deduction to a trust (other than trust costs) should be included in "other incurred medical".