

Get Information for Determining Absentee Status of Resident in Hospital or Nursing Home

Here's a form you can copy and use to help you capture the information that went into your final determination about the status of a household member who's confined to a hospital or nursing home. Keep the completed form in the household's file. Review this form with your attorney before using it at your site.

ABSENTEE STATUS FOR HOSPITAL OR NURSING HOME CONFINEMENT

1. Household Name & Unit #: _____

2. Absent Resident's Name: _____

3. Where is the absent resident confined? Provide the name of the hospital or nursing home:

Hospital: _____

Nursing Home: _____

4. When did the absent resident's confinement begin? _____

5. When is the absent resident expected to return to the site? Indicate range of weeks or months (for example, 4 to 6 weeks): _____

Please note whether this time frame is: Firm Estimated

NOTE HERE if you are unable to determine the absent resident's expected return and the reason why you are not able to make the determination:

6. Type of absence. Based on the information the household has given, the absent resident's confinement is determined to be:

Temporary. Therefore the absent resident must be treated as a household member and the absent resident's income and allowances must be counted when recertifying the household [HUD Handbook 4350.3, par. 3-6(E)(4)(f-g)].

Permanent. Therefore, the household must choose whether the absent resident is to be treated as a household member [HUD Handbook 4350.3, par 3-6(E)(4)(h)].

7. Household decision (for permanent absence only). On _____ (date), the household gave instructions for the absent resident to be treated as a:

Household member. Therefore, the absent resident's income and allowances will be counted as part of the household income when recertifying the household.

Non-household member. Therefore, the absent resident's income will not be counted as part of the household income when recertifying the household, nor may the household claim the absent resident's allowance.

STAFF MEMBER'S SIGNATURE: _____ DATE: _____