



SPOUSAL SUPPORT REFERRAL

TO: Legal Division

DATE: 4/16/2024

FROM: _____

PHONE: 435-2842

CASE TYPE: Community Home Care Nursing Home

OPENING DATE: 5/01/2023

COMMUNITY SPOUSE/LEGALLY RESPONSIBLE RELATIVE

NAME: _____

ADDRESS: _____

REPRESENTATIVE

NAME: _____

RELATIONSHIP: Atty

ADDRESS: _____

N. Syracuse, NY 13212

LEGALLY RESPONSIBLE RELATIVE REFUSES TO CONTRIBUTE: Income Resources Both

AMOUNT OF EXCESS RESOURCES: 827,436.61 AMOUNT OF EXCESS INCOME: \$730.00/ effective 1/1/24 \$709

DATE CONTRIBUTION REFUSED: 3/23/2023

SPOUSAL BUDGETING: Yes No

COMMENTS:

Attach Budget Worksheet to Referral