Georgia Department of Human Services Division of Family and Children Services Undue Hardship Waiver Application

	, Medship consideration and a waiver of the penalty in fair market value.	edicaid applicant/recipient, request undue imposed by the transfer of assets for less		
The	e transfer penalty will deprive the applicant/re medical care, such that A/R's health or food, clothing, shelter, or other necessit	r life would be endangered		
	ase indicate above the reason for deprivation Documentation of how the condition is met and Medicaid is denied or discontinued.	<u> </u>		
•	 Notarized/Certified signed statement from a medical doctor with knowledge of the individual's medical condition at the time of the transfer that in his or her professional opinion, the individual's health and age did not indicate a need for long-term care services. 			
take	oplication for Medicaid was made on or after Fe en legal action or equitable remedies to recover ue hardship. Please provide the following:			
•	Evidence of legal action and equitable remedie	es.		
lf	your request for an Undue Hardship Waiver the state for any Medicaid funds spent of			
Med	licaid Applicant/Recipient or Responsible Party Signature	Date	_	
	Consent if requested by	y Nursing Facility		
Tł	he Nursing Facility is filing this undue hardship w consent of the individual or the perso	waiver request on behalf of the A/R with the		
Med	licaid Applicant/Recipient or Responsible Party Signature	Date	_	
Nurs	sing Facility Representative	 Title	_	