



**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

SPOUSAL BUDGETING: Yes  No

COMMENTS: