A group of Long Term Care residents in PA is advocating for an increase in the monthly Personal Needs Allowance (PNA) which PCH and NH residents receive. As you may know, residents of personal care homes and nursing homes receiving Medical Assistance or SSI are only permitted to retain a small amount of their monthly income. Nursing home residents on MA keep only $45 per month; personal care home residents on SSI keep only $85 per month. PNA amounts have not increased in several years and these residents believe it’s time for PA legislators to call for an increase. Residents use their PNA for monthly bills such as cable TV, phone connections, hair dresser, which often total more than the PNA amount.

**If you receive Medical Assistance or SSI in a LTC facility, your opinion is valuable.**

1. Please tell us what your monthly “expenses” are. Besides your monthly board/care costs, what else must you pay for? For example - medications? Cable TV? Phone?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. What are some of the things you can no longer afford that you miss? For instance, have you given up your TV? Your newspaper?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. How much more money would you need each month to be able to enjoy activities and/or purchases that would enhance the quality of your life?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Your County: ____________________________________________________

Facility Type: (Nursing Home or PCH) ________________________________

Facility Name: (optional) __________________________________________

Resident Name: (optional) __________________________________________

**Please return this survey to your local Long Term Care Ombudsman at the following address:**

Lancaster County Office of Aging, 150 N Queen St, Suite 415, Lancaster PA 17603