MISSOURI DEPARTMENT OF REVENUE
TAXATION DIVISION

SHARED CARE TAX CREDIT

FORM
MO-SCC
(REV. 11-2009)

DLN

This form must be completed and sent with Form MO-TC and Form MO-1040, Individual Income Tax Return.
This tax credit is nonrefundable.

A shared care member registered with the Division of Senior and Disability Services, Missouri Department of Health and Senior Services, may be eligible for a tax credit equal to his or her Missouri tax liability or $500, whichever is less, to offset the cost of caring for an elderly person. To be eligible for the shared care tax credit, the following requirements must be met.

- **The caregiver must care for an elderly person, age sixty or older, who:**
  - **is physically or mentally incapable of living alone, as determined and certified by his or her licensed physician or by the Division of Senior and Disability Services, Missouri Department of Health and Senior Services staff; and**
  - **requires assistance with activities of daily living to the extent that without care and oversight at home would require placement in a facility; and**
  - **under no circumstances, is able or allowed to operate a motor vehicle; and**
  - **does not receive funding or services through Medicaid or social services block grant funding.**
- **The caregiver must live in the same residence to give protective oversight for an aggregate of more than six months per tax year.**
- **The caregiver must not receive monetary compensation for providing care for the elderly person.**

REGISTERED CAREGIVER

NAME	SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
ADDRESS	TELEPHONE NUMBER (__ __ __) __ __ __ - __ __ __ __

I attest that I have read the above and I meet the eligibility requirements listed above for the shared care tax credit. I declare under penalties of perjury that I employ no illegal or unauthorized aliens as defined under federal law and that I am not eligible for any tax exemption, credit or abatement if I employ such aliens.

SIGNATURE

ELDERLY RECIPIENT OF CARE

NAME	SOCIAL SECURITY NUMBER __ __ __ - __ __ - __ __ __ __
ADDRESS	DATE OF BIRTH __ __ / __ __ / __ __ __ __

LIST THE IDENTITY OF ANY OTHER STATE OR FEDERAL PROGRAM UTILIZED TO OFFSET THE COST OF THIS INDIVIDUAL'S CARE

TO QUALIFY FOR A TAX CREDIT ONE OF THE FOLLOWING CERTIFICATIONS MUST BE COMPLETED

Physician Certification

I certify due to the physical or mental conditions described below, the recipient, listed above is incapable of living alone and must acquire necessary home care to avoid placement in a care facility.

Description of physical or mental condition (include description of the care assistance needed): _____

Signature_____

Division of Senior and Disability Services, Missouri Department of Health and Senior Services Certification

I certify due to the physical or mental conditions described below, the recipient, listed above is incapable of living alone and must acquire necessary home care to avoid placement in a care facility.

Description of physical or mental condition (include description of the care assistance needed):_____

Signature_____

NAME OF AGENT OR CONTACT	ADDRESS	PHONE NUMBER (__ __ __) __ __ __ - __ __ __ __

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FREQUENTLY ASKED QUESTIONS

1. **Must I be a registered caregiver to receive the shared care tax credit?**
   Yes. If you meet all other requirements, you may qualify for the tax credit if you register as a shared care member. To register with the Division of Senior and Disability Services call (800) 235-5503.

2. **Do I have to be in Missouri caring for the care recipient a consecutive six (6) months to receive the tax credit?**
   No. The law provides more than six (6) months per tax year requirement. If the total time frame caring for the elderly care received is six (6) months in the aggregate, you still qualify for the tax credit.

3. **I provided care for my mother half of the year, but I am not currently a Missouri resident. Do I still qualify for the credit?**
   Yes. If you have a Missouri tax liability and you met all of the requirements listed on the previous page; you may still qualify for the shared care tax credit.

4. **What is considered when determining whether or not the care recipient is incapable of living alone?**
   A physician or a Division of Senior and Disability Services Social Service Worker must determine whether or not the care recipient is capable of living alone. The physician or counselor must provide a description of the care recipient's physical or mental condition, which prevents the recipient from living alone. The physician or social service worker must also describe the necessary treatment or care needed for the care recipient.

5. **Is the shared care tax credit refundable?**
   No. The credit is the amount of your Missouri tax liability or $500, whichever is less. If your Missouri tax liability is $200, you will receive a credit of $200. The remaining $300 is not refundable.

6. **If I receive Medicaid, am I eligible for the credit?**
   No. If you receive Medicaid funded home and community based services, you are not eligible for the tax credit. If you receive Medicare, you may qualify for the credit.

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