

Medicaid Application Checklist Please collect the following information for the nursing home resident and place it in your accordion file. **Check (√) and initial the lines (___ / ___) for each item.** If you are the Community Spouse, we will need the same information for you.

I. PERSONAL INFORMATION

___/___ Photo Identification (Drivers License)

___/___ Social Security Card (for both spouses if married and both living)

___/___ Health Insurance Card (**front and back** of Medicare A & B, Medicare Supplement and Medicare Part D cards)

___/___ A **letter** from your Insurance Company to **verify the monthly premiums**, if any, for **Medicare Part B, Medicare Supplement and Medicare Part D** – this is usually sent to you in December)

___/___ Birth Certificate (for both spouses, if married and both living)

___/___ Marriage Certificate/Divorce Papers/Death Certificate (Copy of your marriage certificate, if married; Copy of your divorce papers, if divorced, Copy of death certificate, if spouse is deceased)

___/___ A current **letter** from your former employer's Insurance Company to **verify the monthly premiums**, if any, for Company provided Health, Dental or Vision Coverage (**this is not verifiable by automatic draft from bank account**)

II. INCOME

___/___ **Social Security yearly awards letter** stating monthly benefit for current year (if married, for both living spouses. NOTE – you should receive this sometime in December of the prior year)

___/___ Verification of **Value and Availability to draw from** IRA Accounts, Annuities, 401K's, etc.

___/___ Any other retirement payment statements for the current month

___/___ Pension statements for the current month (provide proof of any deductions)

___/___ Annuity statements for the current month (Civil Service Income, etc.)

___/___ Any outstanding loans that are being repaid to you

___/___ Any self-financed mortgages you hold

___/___ Any rental income documentation (Lease)

___/___ Income from any other source documentation (Lease, Promissory note or Mortgage)

___/___ Long term care insurance contracts

___/___ VA income (provide a letter from VA stating if the income is pension, Aid and Attendant, DFAS or other)

SEE OTHER SIDE

III. RESOURCES

____/____ All bank account statements for the current month **and** the six (6) preceding months (all pages)- **Include copies of all checks for each account**

____/____ All investment account statements for the current month

____/____ IRA statements for the current month

____/____ All annuity contracts

____/____ All life insurance policies (**including Face Value and Cash Surrender Values**)

____/____ Real Estate Deeds (and/or closing papers on real estate sold or given away within 5 years)

____/____ Most recent property tax assessment for **Real Property**

____/____ Most recent property tax assessment for **Personal Property**

____/____ Automobile registration

____/____ Pre-paid funeral and/or Burial contracts (proof of assignment to funeral home)

____/____ Any Trusts that name you as a Beneficiary or as a Settlor

IV. TRANSFERS WITHIN FIVE YEARS

____/____ Copies of any loan agreements and verification of payments (explanation of any loans that do not have a written agreement)

____/____ Copies of any checks written to a family member (for any reason)

____/____ Names, Dates, Addresses and Phone Numbers for any person you have loaned or have given Money or Other Resources to

____/____ Verification of use of any cash withdraws exceeding Five Hundred Dollars (\$500)

____/____ Birthdates and Names of any persons you regularly give Birthday or Christmas Money to

V. MISC

____/____ Copy of current Will, Powers of Attorney and Healthcare Directives

____/____ Current debts and mortgages

____/____ List of contents in safe deposit box

____/____ Copy of Guardianship documents

____/____ Copy of Accidental Death and Dismemberment Policy