

Documentation Required for a Medicaid Application

(Form 1 - Rev. 09.27.2016)

In order to verify your personal and financial eligibility for Medicaid assistance, please bring as much of the following documentation as possible with you to your next appointment. Please do not transmit documentation in advance. We will make copies and return the originals to you. If you wish to make your own copies, please be aware of the following:

- * Each copy must be one-sided & legible so it can be FAXED to the Medicaid office.
- * Each card (ID/ license / insurance / etc.) must be on its own sheet of paper and both sides must be copied.
- * Copy **EVERY** page of every bank or financial record (even those 'intentionally left blank')

Identification: (if the applicant is married, bring each of the following for both spouses)

1. Driver's License or State ID
2. Medicare Card
3. Social Security Card
4. Birth Certificate
5. Marriage License (if applicable)
6. Death Certificate of pre-deceasing spouse (if applicable)
7. Supplemental Insurance Cards (Health, Vision, Dental & Drugs)

** Also provide documentation from each insurance company stating the cost of the insurance (such as a payment coupon or statement) A direct debit from a bank account will **not** suffice.

Asset Data

8. Make a list of all gifts **and/or** exchanges for less than fair market value made by the applicant & their spouse over the past five years. Include the amount of each gift or transfer, the asset given (cash / car / etc.) the name of the gift recipient, the reason for the transfer (gift / education / medical / etc.) and the relationship of the recipient to the donor. Medicaid allows \$1,200.00 TOTAL per year to be excluded. (NOTE: this is **not** a per person exclusion)
9. Starting with the month of _____, 20____, Provide account statements for all checking, savings, C/D, annuity, brokerage, 401(k), 403(b), IRA, and any / all other investment account(s) of the applicant and his/her spouse. Provide **ALL PAGES** of each statement. Plan to bring each statement thereafter and to continue providing updated statements throughout the course of the project until advised otherwise.
 - a. Also provide any account beneficiary information.
 - b. If there is any financial asset or account for which you do not have a statement, please obtain correspondence from the institution where the fund or security is held setting out the current value of the account or investment.
10. Deed(s) to all real estate owned by the applicant & his/her spouse as well as deeds to any real estate bought or sold within the past 5 years and the corresponding HUD-1 Settlement Statement. You should have acquired the deed to your real estate at the time of purchase.
11. Records of burial plots, burial trusts, and/or prepaid funeral/burial/cremation arrangements for the applicant and his/her spouse.
12. Titles to any automobiles, recreational vehicles, trailers, etc. Also bring the current mileage for each.
13. Location of any safe deposit box and a written itemization of its contents.

14. For each life insurance policy of the applicant and his/her spouse, provide a copy of the policy declaration page setting out the company name, insured name, type of policy (Term / Group / Universal / Whole Life / etc.), & policy #. Request the following additional information from the life insurance company in writing:
 - a. Who is the policy owner?
 - b. Who is/are the current beneficiaries?
 - c. What is the current death benefit amount?
 - d. What is the current cash surrender value?
 - e. How much is the current premium and how often is it paid?
 15. A listing of any/all other assets not specifically requested above excluding any ordinary household goods & personal effects (clothes, furnishings, appliances, etc.)
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Income: (if the applicant is married, bring each of the following for both spouses)

16. Statement of Monthly Benefit from the Social Security Administration. These are normally issued to the Social Security recipient in December of each year and provide the amount of their monthly benefit for the following year. Please do **NOT** provide the 1099 tax form. If you cannot locate this form, please call the Social Security Administration at **1-800-772-1213** and request a "Proof of Income Letter" be mailed to the applicant. Please note that the Social Security Administration will only mail the form to the beneficiary's address of record.
 17. Written verification of any pension, retirement or union benefit, please forward a copy of the most recent check or obtain written verification of the **gross** benefit amount as well as an itemized list of any deductions withheld from said benefit payment.
 18. If the applicant or his/her spouse owns any income-producing real estate or personal property, please provide a copy of the last filed federal income tax return of the applicant, a copy of any lease or similar document regarding the terms of the rental arrangement, as well as deeds or other documentation identifying the property.
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Personal Records (if the applicant is married, bring each of the following for both spouses)

19. The Trust, Last Will & Testament, General Durable Power of Attorney, Living Will, Advance Directive, Appointment of Health Care Representative or similar documents. (If any)
20. Documentation reflecting the applicant's most recent hospital admission and discharge dates.
21. If presently institutionalized, an Admission Record from the facility presently caring for the applicant stating his/her admission date. Also provide the anticipated termination date of any Medicare coverage, the daily private pay rate for long-term-care, and whether the facility has a Medicaid certified bed available.
22. Name, Address, Phone #, and e-mail (as available) for each of the applicant, his/her spouse, all children and all other parties nominated as an agent or fiduciary, or presently listed as a beneficiary on an asset or in the applicant (or his/her spouse's) estate plan.
23. A full copy of the last filed federal and state tax returns of the applicant and his/her spouse.
24. A list of any / all questions you may have.

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