

Medicaid Checklist – 60 Months

Date: _____

Mr./Mrs. (Representative) _____ for (Client) _____

Eligibility for Medical Assistance is determined on the basis of both the need and technical eligibility. Before the Department of Social Services can process your application for Long-Term Care, the following items must be mailed or brought into our office at the address above:

I. BASIC REQUIREMENTS

- _____ Signed, dated application (We have and will complete)
- _____ Personal interview (Our office will attend)

II. PERSONAL VERIFICATIONS

- _____ Social Security Card
- _____ Medicare Card
- _____ Citizenship status documentation (Alien registration card, Visa, Birth Certificate, Voter Registration, Baptismal Record)
- _____ Private Health Insurance ID Card and verification of any premiums paid
- _____ DHR/IMA 704 Consent for Release of Information
- _____ Copy of last paid Nursing Home Bill
- _____ Power of Attorney

III. RESOURCE VERIFICATIONS

- _____ Savings Account (savings passbook/statements from Feb. 1, 2006 to present, trust involved 60 months)
- _____ Checking Account (Statements from Feb. 1, 2006 to present, trust involved 60 months)
- _____ Life Insurance (actual policy statements, letter from insurance agent stating the current face and cash value of policy(s))
- _____ Burial Account (pre-paid irrevocable contract, deed for plots)
- _____ Stocks, Bonds, Trust Funds, (letter from broker verifying name, amount and value. Last 60 months for brokerage accounts. Copies of stock certificates and savings bonds)

___ Property:

___ Schedule of Payments
___ Statement of Intent
___ Mortgage Agreement

___ Deed
___ Tax Assessment
___ Lien information

(1) INCOME VERIFICATIONS

___ Social Security Award Letter (yearly statement of benefit amount)
___ Civil Service Annuity Award Letter (yearly statement of benefit amount)
___ Pensions: current gross monthly amount
___ Last 3 years of Income Tax Returns

(2) ALLOWANCES

___ Spousal Allowance

___ Gas and Electric Bills (3 months worth)
___ Homeowners Insurance
___ Mortgage Payment
___ Property Taxes
___ Community spouse's gross monthly income

___ Rent
___ Heat
___ Water

___ Residential Allowance
___ Verification of Shelter Expense