

Medical Assistance Application

Initial Required Documents Checklist

Applicant

Name: _____

Social Security: _____

Date of Birth: _____

Date of Admission: _____

Name of facility: _____

Address: _____

Facility Phone: _____

Doctor's Name: _____

Doctor's Address: _____

Phone Number: _____

Fax Number: _____

Spouse

Name: _____

Social Security: _____

Date of Birth: _____

Address: _____

Phone: _____

Medicaid has a **five year (60 month)** look back period from the date of the Medicaid application. It is imperative that you inform us of any **gifts, uncompensated transfers or sale of property for less than its fair market value** at the time of the sale within this 60 month period. If this may apply to you, please explain on the additional information section located on the back of this form. Thank you.

Please provide one document from each of the below categories

1. Proof of Age

- US Passport
- Birth Certificate
- Driver's License
- Baptismal Certificate

2. Proof of Citizenship

- US Passport
- Birth Certificate
- Naturalization Papers
- Alien Registration Card
- Final Adoption Decree

3. Identity

- US Passport
- Driver's License
- School ID
- US Military ID
- County/State ID

4. Marital Status

- Marriage Certificate
- Separation Papers
- Divorce Decree
- Spouse's Death Certificate

5. Financial Resources – provide all below documents

- Checking Account Statements (6 months)
- Savings Account Statements (6 months)
- Money Market Accounts (6 months)
- Certificates of Deposit (6 months)
- Credit Union Accounts (6 Months)
- Stocks, Bonds, Annuities (6 months)
- Proof of Minimum Distribution if 65+
- Assessed value of all real estate holdings
- Loans/Car Loans – payments and payoff
- Power of Attorney/Guardianship documents
- IRA,401K, 401B Keogh Accounts (6 months)
- Title/Registration (copies) of Vehicle(s) and value
- Deeds to property owned and listing agreement
- Property Sale Proceeds/HUD-1 (five years)
- Mortgages (all real estate)
- All Trusts – SNT, Revocable, Irrevocable, etc.
- Life Insurance Policies with Cash Value Statement
- Burial Plot Information
- Reverse mortgage documents
- Pre-paid irrevocable funeral contracts/set aside accounts

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6. Income – provide all below documents

- | | |
|--|--|
| <input type="checkbox"/> Most Recent Pay Stubs – if still working (4 months) | <input type="checkbox"/> Social Security Award Letter |
| <input type="checkbox"/> Railroad Retirement Award Letter | <input type="checkbox"/> Pension Statements (4 months) |
| <input type="checkbox"/> Unemployment check stubs (4 months) | <input type="checkbox"/> Support/Alimony checks or Court Orders (4 months) |
| <input type="checkbox"/> VA Award Letter | <input type="checkbox"/> SSI/SSDI Award Letter |
| <input type="checkbox"/> Rental Income – copies of receipts | <input type="checkbox"/> Other income – provide receipts |

7. Other documentation – provide all below documents

- | | |
|--|--|
| <input type="checkbox"/> Social Security Card (copy – front and back) | <input type="checkbox"/> Medicare Card (copy - front and back) |
| <input type="checkbox"/> Additional Insurance Cards/Rx/Supplemental | <input type="checkbox"/> Insurance Premium Bill or Payment Coupons |
| <input type="checkbox"/> Veteran Status (copy of DD-214) | <input type="checkbox"/> Outstanding Medical Bills |
| <input type="checkbox"/> Other property expenses – water, sewer, heat | <input type="checkbox"/> Utility bills |
| <input type="checkbox"/> TRANSFERS – Any/all asset transfers in last 5 years | <input type="checkbox"/> Public Assistance/SNAP/MA closing notices |
| <input type="checkbox"/> IRS liens/child support/alimony payments | <input type="checkbox"/> Any wage attachments – who and amount |

8. The following living expenses will be taken into account if the Medicaid recipient/applicant is placed in a nursing facility, *but the spouse remains living in the community*. Please provide copies of the following:

- | | |
|---|--|
| <input type="checkbox"/> All income verification (Social Security, pay stubs, etc.) | <input type="checkbox"/> Utility bills (electric, gas/oil, phone, cable, etc.) |
| <input type="checkbox"/> Spouse Identification and cards – see above | <input type="checkbox"/> Real estate tax bills |
| <input type="checkbox"/> Mortgage statements | <input type="checkbox"/> Rent receipts |
| <input type="checkbox"/> Water/sewer bills | <input type="checkbox"/> Home/Renter’s Insurance |
| <input type="checkbox"/> Health Insurance bills | <input type="checkbox"/> Outstanding loans |

Additional information may be required throughout the application process by Connelly Law Offices, Ltd. and/or the Department of Health and Human Services/EOHHS to supplement the above collected documentation.

Notes: _____

