

MEDICAID APPLICATION CHECKLIST

Name: _____ **High School Grad? Y/N** _____

Nursing Home: _____ **Birth date:** _____
Address: _____

SS#: _____

Documentation

1. Power of Attorney or Guardianship document
2. Copy of Birth Certificates, Driver's Licenses, Social Security Cards, and Marriage Certificate
3. Proof of all savings and checking accounts, stocks, bonds and trust funds. (i.e: bank statements and check registers), (statements from 3 months prior to entering the nursing home) (statements from 3 months prior to applying for Medicaid)
4. Copy of trust documents
5. Prepaid funeral and/or burial contract and cemetery deed
6. Proof of all life insurance policies (need to verify face and case values)
7. Proof of property
8. Copy of car titles
9. Proof of income from all sources (must show gross to net)
10. Copy of Medicare card, other health benefit cards and proof of current premiums
11. Proof of discharge from the armed services
12. Income taxes for the last two (2) years
13. Verification of transfer of property of funds in the last 5 years
14. Proof of housing expenses (rent/mortgage, insurance & utility receipts – gas, phone, garbage, electric, water, sewer, etc.)