

## MEDICAID APPLICATION CHECKLIST

**Name:** \_\_\_\_\_ **High School Grad? Y/N** \_\_\_\_\_  
**Nursing Home:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**DOI:** \_\_\_\_\_

### Documentation

1. Power of Attorney and Letter of Representation
2. Birth Certificate, Driver's License, and Social Security Card
3. Proof of all savings and checking accounts, stocks, bonds and trust funds. (i.e: bank statements and check registers)
4. Copy of trust document
5. Prepaid Cremation/burial contract and cemetery deed
6. Proof of all life insurance policies (need to verify face and cash values)
7. Proof of property
8. Copy of car titles
9. Proof of income from all sources (must show gross to net)
10. Medicare card and other health benefit cards and proof of current premiums
11. Proof of discharge from the armed forces
12. Income tax returns for past two (2) years
13. Verification of transfer of property or funds in the last 5 years