

MEDICAID/PASSPORT APPLICATION CHECKLIST

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

Address: _____ **Birth date:** _____

SS#: _____

Documentation

We ask that you provide copies of the following documents that apply to you so that determination of eligibility for Medicaid/Passport benefits by the Department of Jobs & Family Services can be expedited:

1. Birth Certificate or any document (baptismal certificate) to verify your age.
2. Social Security Card and Medicare card and photo I.D.
3. Proof of discharge from the armed forces, if applicable.
4. Proof of income from all sources (Social Security, Worker's Comp., Unemployment, Employment, Railroad Retirement, STRS, VA, pension, investments or any other benefits you are receiving).
5. Proof of all savings and checking accounts, stocks, bonds and trust funds. (i.e: bank statements and check registers), at least three months worth of current statements.
6. Proof of all life insurance policies. These should show face value and cash value.
7. Proof of health insurance and current premium
8. Prepaid burial contract and cemetery deed
9. POA or Guardianship document
10. Copy of trust document
11. Proof of all lump sum money received (retroactive social security or disability or retirement plan, insurance payments)
12. Household expenses (utilities, mortgage/rent, insurance, etc.)
13. Income tax returns for past two (2) years