

## MEDICAID VERIFICATION CHECKLIST

### RESOURCES:

- \_\_\_\_\_ All bank / credit union / investment account statements for most current 3 months (all pages) for any checking, CD, brokerage, etc. (or most current one if quarterly)
- \_\_\_\_\_ Real Estate Deeds (and/or closing papers on real estate sold within 5 years with proof of deposit, statements from date of deposit until present and explanation of how funds were spent)
- \_\_\_\_\_ Most recent property tax bill and loan balance (if any)
- \_\_\_\_\_ IRA, Keogh Plan, 401K, Profit Sharing statements for the past 3 months (or most current one if quarterly) along with current balance, withdrawal terms, and beneficiaries
- \_\_\_\_\_ Stocks and/or Bonds most current 3 months statements with current value
- \_\_\_\_\_ Current Life Insurance policy statements to include policy number, issue date, face value, current cash value, beneficiaries, and loan balance (if any)
- \_\_\_\_\_ Automobile registration or title, plus latest tag receipt and loan balance (if any)
- \_\_\_\_\_ Pre-paid funeral and/or burial contracts with itemized statement
- \_\_\_\_\_ Confirmation if there is a Safe Deposit Box

### INCOME:

- \_\_\_\_\_ Social Security yearly award letter stating monthly benefit for current year (mailed in December) (for both spouses if married). If receiving SSDI, initial award letter as well.
- \_\_\_\_\_ Pension statement for latest month showing gross income and any deductions
- \_\_\_\_\_ Date last IRA RMD taken and frequency of scheduled distributions: \_\_\_\_\_
- \_\_\_\_\_ Any other retirement payment statements for most current month
- \_\_\_\_\_ Annuity statements for most current month
- \_\_\_\_\_ Rental agreements and proof of rental income (if applicable) for secondary homes
- \_\_\_\_\_ Any outstanding loans that are being repaid to you

### BIOGRAPHICAL:

- \_\_\_\_\_ Picture ID (for both spouses if married)
- \_\_\_\_\_ Social Security Card (for both spouses if married)
- \_\_\_\_\_ Health Care Cards, front and back (both spouses if married)
- \_\_\_\_\_ Medicare Cards (both spouses if married)
- \_\_\_\_\_ Private Health Insurance premium statement (including policy number)
- \_\_\_\_\_ Birth Certificate (both spouses if married)
- \_\_\_\_\_ Marriage Certificate (if currently married)
- \_\_\_\_\_ Naturalization Papers, if applicable
- \_\_\_\_\_ Military Discharge Papers (DD-214), if applicable
- \_\_\_\_\_ Copy of Driver's License for POA

**MISCELLANEOUS:**

- \_\_\_\_\_ Copy of current Will, Powers of Attorney, and Trusts
- \_\_\_\_\_ Proof of any gifts or transfers for less than full value
- \_\_\_\_\_ If under 65 and not receiving SSDI, provide medical records used to admit to facility
- \_\_\_\_\_ Date entered the facility: \_\_\_\_\_
- \_\_\_\_\_ Daily rate at Nursing Home (per diem): \_\_\_\_\_