

MEDICAID AND VA 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 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
- _____ Copy of voided check

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
- _____ Long Term Care Insurance policy
- _____ 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
- _____ Statement Showing NET Income from Rental Property, including Primary Place of Residence
- _____ Any outstanding loans that are being repaid to you
- _____ Current Year's Annuity Statements, Showing **GROSS** Amount before Any Deductions
- _____ SSI and SSDI Payments

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
- _____ Copies of All Divorce Papers or Death Certificates from ALL Previous Marriages (for Both Veteran and Spouse)
- _____ Names, Dates, and Places of ALL Previous Marriages of Veteran and His/Her Current Spouse

MEDICAL INFORMATION FOR VETERAN AND HIS/HER DEPENDENTS

- _____ Proof of Medical Insurance Premiums with Name of Company and Frequency of Payments
- _____ Statement Showing Medicare Part D Premium Amount
- _____ Signed Care Provider Report (we will provide you upon retention)
- _____ Signed Physician's Statement (we will provide you upon retention)

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): _____