

**CHECKLIST OF DOCUMENTS YOU WILL  
NEED FOR \_\_\_\_\_'S MEDICAID**

**PLEASE NOTE: In order for Medicaid to pay the per diem cost of care in a nursing home, the Medicaid applicant must be in a MEDICAID-CERTIFIED BED. Please check with the nursing home to ensure that this is the case.**

**Your two key dates are: \_\_\_\_\_ & \_\_\_\_\_**

1. **Birth certificate for both spouses and photo ID for both spouses.** If there is no birth certificate, then provide **two proofs** of date of birth, such as passport, baptismal record, insurance policies, driver's license or i.d. card, Social Security record which states date of birth, health care record (from doctor or other health care provider). You also may request a birth certificate by telephone, mail, or online at <https://www.vitalchek.com/birth-certificates>.
2. **Record of marriage**, such as certificate or license. You also may request a marriage certificate by telephone, mail, or online at <https://www.vitalchek.com/marriage-records>.
3. **Copies of Social Security, Medicare, health care insurance supplement, Medicare Advantage Plan, and Medicare Part D (prescription drug plan) cards for both spouses. Please copy both the front and back of your health care supplement and Part D cards.** Replacement Social Security cards can be obtained at the mysocialsecurity portal at [socialsecurity.gov/myaccount](https://socialsecurity.gov/myaccount)
4. **Legal Documents:** Copy of power of attorney and copy of trust (if applicable) for the Medicaid applicant spouse. If there is a guardianship in place, we will need the "Letters of Guardianship." If the power of attorney requires a letter of incapacity, please get this statement from your doctor.
5. **If there has been a prior 30 consecutive day stay in a facility (hospital, rehab, nursing home or any of those facilities combined), then we will need proof of date of admission to the hospital and proof of date of admission into the nursing home.** (The nursing home can typically give you an admission face sheet with the "qualifying hospital stay.") **OR Proof of date of admission to the hospital and also proof of date of admission to the nursing home.** (The nursing home can typically give you an admission face sheet with the "qualifying hospital stay.")
6. **Health Insurance:** Verification of the amount of monthly health care insurance premium paid for each spouse. The premium stub is an ideal proof. **If one premium is paid for both spouses, please ask the company to give you a specific breakdown of the premium that is attributable to the Medicaid applicant spouse.** If you do not have a premium stub, please request a letter from the company. A notation on a bank statement is NOT sufficient. Please include premium information for Medicare Part D (prescription drug benefits), if applicable.

If your spouse has an advantage plan, Medicaid may require you to have a statement from the company showing which part of the premium is attributable to Part C and which is attributable to Part D. In addition, Medicaid is now requiring that you submit your original signed contract with the insurance company. This applies to dental insurance, advantage plans, health care supplement policies, and Part D prescription drug plans. If you do not have this information, please contact Claire Lewis for alternative options.

7. **Proof of Current Social Security income for both spouses. (The notice for the current year is mailed in late November or early December of the previous year)** You will need the "Your New Monthly Benefits Amount" letter for the current year showing the gross monthly benefit, deduction for the Medicare Part B premium, and the net deposit. **A notation on the bank statement is not sufficient proof.** \*You can also get the proper form by setting up an online account by following the prompts under "Get your benefit verification letter online" section of the SSA website at [www.ssa.gov](http://www.ssa.gov).
8. **Proof of Veterans benefits:** the check or letter of notification (if within 12 months) or call 1-800-827-1000. If you receive a non-service connected pension from the VA, please request a letter which gives a breakdown of what part of the pension is for aid and attendance or is awarded due to unreimbursed medical expenses. Medicaid is now requiring this information. You can also contact the VA at 1-877-294-6380 which is the National VA Pension Line. Please call at a time when you can afford to be on hold for a half hour or more.
9. **Proof of Railroad Retirement benefits:** the check or letter of notification (if within 12 months) or call 1-877-772-5772.
10. **Proof of Pension Income for both spouses:** the check stub or a statement from the company showing gross and net income. **A notation on a bank statement is not sufficient proof.**
11. **Income from rental of property** along with the expenses of ownership (real estate tax, real estate insurance, utilities, routine maintenance, interest on mortgage payments). We will need a copy of your tax return showing income received from farming or rental properties in the past year.
12. **Fair Market Rental Value:** Medicaid will request proof that your real estate is earning a fair market income. You should not have to pay for an appraisal. Instead, please request that a realtor (or perhaps a farm bureau, if the property is agricultural) give you a free fair market analysis of the income your property should be receiving.
13. **Earnings:** name of employer, pay stubs covering the last 3 months, verification of work expenses.
14. **Proof of any other income received.**
15. **Proof of any long-term care (nursing home) insurance.** We will need information regarding the policy term (length of coverage) and how much the policy will pay. The policy information face sheet typically provides this information. If the Medicaid applicant is already receiving

payments for services, we will need copies of the last three check stubs and proof that the medical service provider (e.g., nursing home or home care agency) is receiving the payments.

16.

**Prepaid funeral arrangement and deed to burial plot for both spouses.** In order for the funeral to be exempt, the amount paid must be linked to a statement of funeral goods and services. In other words, if you pay \$8,000.00, you must have a statement from the funeral home that shows you have purchased \$8,000.00 worth of goods and services. For prepaid funerals, we need the following:

- A copy of the Statement of Goods and Services
- Proof of the irrevocable nature of the agreement. If the funeral plan is being purchased within the month before our targeted date for Medicaid, the funeral paperwork should also contain a statement similar to the following: "IRREVOCABILITY: Indiana law requires that pre-need funeral agreements be made irrevocable after 30 days. By initialing here (\_\_\_\_) the pre-need funeral agreement will be made irrevocable immediately."
- A statement within the funeral paperwork that indicates that if there are excess funds in the trust at the time of the individual's death, that the excess amount will be paid to the individual's estate or to Medicaid office (or State of Indiana or Division of Family Resources). **This statement must be provided in the funeral paperwork - no exceptions!**

17.

**Verification of both spouses' life insurance policies for the following dates:**

- Written verification from the company of the cash surrender value of the policy.
- Copy of the face sheet which shows the issue date of the policy and the face amount of the policy.
- If you are cash surrendering the policy, please copy the cash surrender check and accompanying paperwork
- If you are keeping the policy owned by your spouse, you must change ownership of the policy to your name. Your spouse will still be the insured, and you will still be the beneficiary. We will proof of the ownership change, including date of change.
- For policies that have only a death benefit, you will need a statement from the company indicating there is no cash surrender value for the policy.

18.

**Bank statements showing the balance in any and all accounts owned - checking, savings, Certificates of Deposit (C.D.s), Christmas Club, etc.) for the following dates: \_\_**

- If a date (the targeted date for Medicaid eligibility) has not yet occurred, then submit these verifications when they are available.
- We also need proof of closing of any account and proof of disposition of the proceeds (e.g., deposited into checking account, etc.)
- If you have written large checks or have large deposits in the material you provide to us, as requested above, please provide copies of those checks (if not included in the bank statement) and explanations of large deposits.

We need all numbered pages of any bank statement, even if those pages are blank or contain only reconciliation information.

19. **Nursing home trust (personal needs or RFMS - Resident Funds Management Services) account** covering from opening through\_\_\_\_\_. I recommend that you do *not* open a trust account if at all possible. These accounts are countable assets for purposes of Medicaid eligibility.
20. **Verification of ownership and value of any stocks or bonds (including U.S. Savings Bonds) for the following dates:**\_\_\_\_\_. We also need proof of closing of any account and proof of disposition of the proceeds (e.g., deposited into checking account, etc).
21. **Special Requirements for annuities, depending on date of purchase and activity on annuities:**
  - a.) For any annuity purchased prior to November 1, 2009, Medicaid is requiring either a statement from the company that says there has been no activity on the annuity such as change of ownership, withdrawals, or deposits since on or after November 1, 2009 OR you will need to produce all statements of activity on the annuity from November 1, 2009 through the time of withdrawal of the annuity proceeds or the filing date of the Medicaid application, whichever is applicable.
  - b.) If there *has* been activity on the annuity such as change of ownership, withdrawals, or deposits since on or after November 1, 2009, you will need to change the beneficiary to the state of Indiana. Please contact our office if this is the case.
  - c.) If the annuity was purchased on or after November 1, 2009, you will need to change the beneficiary to the state of Indiana. Please contact our office if this is the case.  
If you are cashing in the annuity to prepare for Medicaid, this beneficiary change is not necessary.
22. **The registration or title** as well as verification of the current market value of any non-motorized recreational vehicle, camper trailer, boat, etc. owned jointly or individually by applicant or spouse.
23. **The registration or title** to all vehicles owned by the Medicaid applicant or spouse. We can assist you in getting values so long as we know the make, model, and approximate number of miles on the vehicle. If the vehicle is older than 1992, you will need to obtain a written statement of value from a licensed auto dealer.
24. **Property deeds for all real estate, including the home, owned by either spouse or by both jointly.** Please also provide the real estate tax notice which shows the assessed value of the real estate.
25. **A listing of the contents of any safety deposit box** rented by the resident.
26. **Copy of the last federal income tax return** filed on behalf of the Medicaid applicant.

- 27. **Shelter expenses:**
  - Proof of your rent OR your monthly mortgage payment.
  - If you live in an assisted living facility, please submit a monthly billing from the facility. Medicaid will factor only the room & board payment into your "shelter allowance" calculation.
  - Copy of your real estate taxes for your home
  - Copy of the premium bill for your homeowners or renter's insurance
  - Condo or neighborhood association fees (if applicable)
  - One recent heating bill and electric bill.
  
- 28. **List and proof of gifts made in the last five years.** (Copies of checks are ideal proof.)

**SPECIAL INSTRUCTIONS:**

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