

## CHECKLIST OF DOCUMENTS YOU WILL NEED FOR SINGLES MEDICAID CASE

**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 targeted date of eligibility is \_\_\_\_\_

1. **Birth certificate and photo ID.** 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 nursing home or other health care provider).
2. **Copy of death certificate for spouse or divorce decree**, if applicable, or any other credible evidence of either event.
3. **Copies of Social Security, Medicare, Railroad Retirement, Veterans and/or health care insurance supplement cards, whichever is applicable. Please copy both the front and back of the health care insurance card only. IT IS CRITICAL THAT WE HAVE A COPY OF THE MEDICARE CARD.**
4. **Legal Documents:** Copy of power of attorney and copy of trust (if applicable). If there is a guardianship in place, we will need the "Letters of Guardianship."
5. **Proof of date of admission to the nursing home.** (The "admission face sheet" is ideal.) We can get this for you, if you like.
6. **Health Insurance:** Verification of the amount of monthly health care insurance premium paid for the Medicaid applicant. The premium stub is an ideal proof. 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, if applicable.**
7. **Proof of Social Security income.** You will need the letter for the current year showing the nursing home resident's monthly benefit and Medicare Part B and Part D (if applicable) deduction(s). **A notation on the bank statement is not sufficient proof.** \*You can request a verification from the Social Security Administration through its website at <https://secure.ssa.gov/apps6z/BEVE/main.html> COMPLETE THE FOLLOWING STEPS: (Start, I Agree, Social Security Number, First and Last Name, Date of Birth of the individual for whom the request is being made, Yes or No, Continue, All Benefit Information Available, Continue) In order to receive this verification, the address on file at Social Security must be current.
8. **Proof of Veterans benefits:**the check or letter of notification or within 12 months) or call 1-800-827-1000.
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** (Retirement or Union benefits): the check stub or a statement from the company showing gross and net income. **If you receive a bonus check from your company each year (the auto manufacturers such as GM often give out such checks in December of each year), we will need a copy of the bonus check stub as well.**
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 may 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.
16. **Prepaid funeral arrangement and deed to burial plot.** We will need a copy of the Statement of Goods and Services, proof of the irrevocable nature of the agreement, and a statement 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). If purchasing prepaid funerals for children and their spouses we will need birth and marriage certificates for each child.
17. **Verification of life insurance policies.** You will need a written verification from the company of the cash surrender value of the policy. Also, please copy for *each* policy 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 or changing ownership on a policy, we will also need verification. 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 statement(s)** showing the balance in any and all accounts owned (checking, savings, C.D.s, Christmas Club, etc.) 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.).
19. **Nursing home trust account** covering the following dates: \_\_\_\_\_  
(I recommend that you do not open a trust account if at all possible.)
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. **Property deeds** for all real estate, including the home, if there is a home.
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 by applicant.
23. **The registration or title** to all vehicles owned by the Medicaid applicant. We can assist you in getting values so long as we know the make, model, and approximate number of miles on the vehicle.
24. **A listing of the contents of any safety deposit box** rented by the resident.
25. **Copy of the last federal income tax return** filed on behalf of the **Medicaid applicant.**
26. **List and proof of gifts** made in the last three or five years. (Copies of checks are ideal proof.)
27. **Medical records for the past year ONLY IF MEDICAID APPLICANT IS UNDER AGE 65.**