

## -ADULT MEDICAID VERIFICATION LIST

Below is a list of items we will need on **YOU AND YOUR SPOUSE** in order to process your application. If you have these items, please bring this information with you to the interview. This will speed up the processing of your application. Even if you do not have all of the information, please keep your appointment.

### Birth date and Citizenship – birth certificate, voter registration card, Medicare card.

- Social Security Card, Current Medicare Card – and current Medicaid card if an SSI recipient.
- All Income and Earnings – Award letters and copies of checks from Employment, Social Security, SSI, VA, Railroad Retirement, other retirement, etc. Check all income owned by you, your spouse, and your dependents, or any income jointly received with someone else.

Wages or Salaries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tips and Commissions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disability or sick pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Self-employment or Odd jobs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Severance Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social Security Income (1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interest or Dividends	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Workman's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Veteran's Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pension or Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rental Property Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child Support or Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Military Allotments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adoption Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Foster/Relative Care Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contributions from others	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other Income (specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. For Social Security checks, call 1-800-772-1213, ask for an Award letter and have your birthday added to the letter.
2. For any other income, bring check stubs, statements, or award letters, and provide the name and address of the source of income.

- Resources: Check all resources (assets) owned by you, your spouse, your dependents, or any resources jointly owned with someone else. Attach additional pages if necessary.

Cash	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Funeral Plans/Prepaid Burial	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Burial Plots or Contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Credit Union Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stocks and Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Annuities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trust Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Government Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Non-Home Place Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety Deposit Box	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tax Refund	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Home Place Property	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vehicles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Other Resources	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Checking Accounts – Bank statements of most recent three (3) months and the month of application. Need to know if there have been any transfers or withdrawals in the past 60 months.
2. Savings Accounts – Need up to date passbooks.
3. Safety Deposit Box – Complete inventory of contents of box witnessed and signed by a bank official as well as the name of the bank.
4. Vehicles – Tag receipts on all vehicles
5. Savings Certificates – Copy of any certificate, even if listed with other payees.
6. Burial Plots or Contracts – Deed and any other verification. Will need to know number of burial spaces, interments and for whom remaining spaces are intended.
7. Property – Deeds to ALL property owned by applicant/spouse – if applicant/spouse inherited or transferred any property in the past 60 months or the applicant/spouse have a lifetime interest in home place property/any other property.  
**VERIFICATION MUST BE PROVIDED.**
8. Insurance Policies – Including Life Insurance (showing face value and cash value), Health/Hospitalization Insurance, Burial Insurance, Indemnity Insurance, etc. **BRING ALL POLICIES AND INSURANCE I.D. CARDS.**

- Copy of any Promissory Note(s) – Regarding monies people owe to applicant.
- Copies of Recent Letters – Received by applicant approving or denying social security or SSI.
- If Applicant has been in a Hospital – prior to entering a nursing home, bring written verification of date of admission to and discharge from hospital.