



## INITIAL DOCUMENT CHECKLIST FOR MEDICAID APPLICANTS

**If an Applicant's or Spouse's name appears anywhere on a title, statement or document, please bring it in so we can determine if it is relevant to the Medicaid application.**

If you do not have access to a photocopy machine, please bring us the originals. You may return later to pick up your originals after we have had an opportunity to scan them into our database or make copies. Scanning and photocopying can be time consuming and we may not be able to return your documents during your initial or document review visit.

<b>Documents to bring in:</b>	<b>N/A</b>	<b>MISSING</b>
<input type="checkbox"/> If applicant is/was married, provide <u>ALL documents on checklist</u> for applicant and spouse: <ul style="list-style-type: none"> <li><input type="checkbox"/> copy of marriage certificate; and</li> <li><input type="checkbox"/> if spouse is deceased, copy of death certificate; and</li> <li><input type="checkbox"/> if divorced, copy of divorce decree</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copies of the three MOST CURRENT months of bank statements: <ul style="list-style-type: none"> <li><input type="checkbox"/> for all OPEN accounts, including checking, savings, CD, IRA's etc.</li> <li><input type="checkbox"/> cancelled checks for all amounts \$250 or greater.</li> <li><input type="checkbox"/> deposits for all amounts \$250 or greater.</li> <li><input type="checkbox"/> for all accounts CLOSED anywhere in the last 60 months, include closing statement.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copies of the three MOST CURRENT months of investment statements: <ul style="list-style-type: none"> <li><input type="checkbox"/> for all OPEN accounts.</li> <li><input type="checkbox"/> for all accounts CLOSED anywhere in the last 60 months, include closing statement.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copies of stock certificates and/or bonds, if closed include closing verification.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copies of statements or stubs verifying gross income: <ul style="list-style-type: none"> <li><input type="checkbox"/> Social Security, Veterans, Pension, Annuities, etc.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copies of life insurance policies: <ul style="list-style-type: none"> <li><input type="checkbox"/> statements must show cash surrender value and face value.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copies of any prepaid funeral agreement or contract.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copies of any deeds or titles to any property, cars, trailers, etc owned solely or jointly.	<input type="checkbox"/>	<input type="checkbox"/>

- |  | N/A                      | MISSING                  |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Copies of expenses: mortgages, utility, taxes, condo fees, homeowner’s insurance, medical expenses, credit card bills, etc.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Copies of the current Power of Attorney and/or Guardianship documents.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Copies of the current Will or other estate planning documents.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Copies of the current trust documents and financial statements associated with trust.   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Copies of the three MOST CURRENT tax returns, 60 months may be required:  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Verification of any resources transferred to another person in the last 60 months. (such as cash, property, and other assets)   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Copies of birth certificate(s), picture ID(s) and Social Security card(s):  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Copies of military discharge papers for applicant and/or spouse.  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Copies of all health cards, front & back, including Blood Bank:<br><input type="checkbox"/> Medicare, Medicare Part D, AARP, BC/BS, etc.<br><input type="checkbox"/> verification of health insurance premiums                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Copies of the current nursing home or assisted living facility invoice and/or statement.<br><input type="checkbox"/> date of admission to hospital, nursing home or assisted living facility:<br><input type="checkbox"/> cost of care: | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Begin removing applicant’s name from all accounts held jointly, except for the primary checking.  |                          |                          |
| <input type="checkbox"/> Copies of monthly statements for all accounts upon receipt <u>beginning now until application is approved.</u>  |                          |                          |

I understand that it is my responsibility to disclose correct information about all of the applicant’s circumstance relating to eligibility for Medicaid. I realize that any changes in the Applicant’s circumstances that might affect Medicaid eligibility must be reported as soon as possible. I understand that if I need assistance in gathering the necessary information a professional consultant may be recommended to me by Estate & Elder Law Services upon request, which will result in an additional fee payable to the consultant.

SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

If you have any questions or concerns, please do not hesitate to contact me.

Very Truly Yours,  
  
*Elizabeth Vizcarrondo-Colón*  
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Firm Director of Practice Support  
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