


MEDICAID DOCUMENTS CHECKLIST

(Information is needed for both spouses if applicant is married)

INCOME		PERSONAL INFORMATION	
<input type="checkbox"/>	Copy of Social Security Check or Award Letter from Social Security	<input type="checkbox"/>	Social Security Card
<input type="checkbox"/>	Pension check or other type of income such as annuities, stock, dividends, mortgage income, interest income, etc.	<input type="checkbox"/>	Birth Certificate & Photo ID (Driver's License, Passport, etc.)
<input type="checkbox"/>	Income Tax Returns & 1099s filed within the last 60 months (Five Years)	<input type="checkbox"/>	Marriage Certificate
<input type="checkbox"/>	IRA account statements for prior 60 months	<input type="checkbox"/>	Spouse's Death Certificate (if applicable) or Divorce Decree (if applicable)
RESOURCES		<input type="checkbox"/>	Medicare Card
<input type="checkbox"/>	All bank books (open or closed) for prior 60 months	<input type="checkbox"/>	Premium Notices for Health Insurance
<input type="checkbox"/>	Checking account statements for prior 60 months and copy of checks over \$2,000*	<input type="checkbox"/>	Veteran's Papers, if applicable
<input type="checkbox"/>	Life Insurance Policies	<input type="checkbox"/>	Health Insurance Card
<input type="checkbox"/>	Savings Bonds / Stock Certificates	<input type="checkbox"/>	Power of Attorney
<input type="checkbox"/>	Title to Automobiles/Recreational Vehicles	<input type="checkbox"/>	Financial Authorization Form signed
<input type="checkbox"/>	Deed to Burial Plot	RESIDENCY	
<input type="checkbox"/>	Burial Fund Arrangements (Irrevocable/or Revocable)	<input type="checkbox"/>	Proof of residency prior to assisted living facility or nursing home (<i>copy of deed, lease agreement for apartment, etc</i>)
<input type="checkbox"/>	Statements for prior 60 months for any other resources (either presently or previously owned during prior 60 months)	<input type="checkbox"/>	Deed for any other property currently owned
<input type="checkbox"/>	Investment Account statements for prior 60 months	<input type="checkbox"/>	Medicaid Application signed
<input type="checkbox"/>	Annuity Statements for prior 60 months	 <p style="text-align: center;">Burke & Casserly, P.C. ATTORNEYS AT LAW 255 Washington Avenue Extension Suite 104 Albany, NY 12205 Phone 518-452-1961 Fax 518-452-4230 www.burkecasserly.com</p>	
MEDICAL			
<input type="checkbox"/>	Any unpaid medical bills or incurred nursing home bills for the past 3 months		
<input type="checkbox"/>	PRI (if not yet placed in nursing home)		
<input type="checkbox"/>	Any medical expenses unpaid at time of application.		

*New York State has recommended counties review transactions of \$2,000 or greater; however, practice from county to county varies. It may be required for you to secure copies of checks or explanations of transactions for an amount lower than \$2,000.