

DOCUMENTS REQUIRED FOR DETERMINATION OF ELIGIBILITY FOR MEDICAL ASSISTANCE

SECTION 1 RESIDENCE: Submit one of the following for all addresses the applicant resided at:

- Copy of deed current and current real estate tax bills, if applicant and/or their spouse owned.
- Leases, rent receipts.
- Statement from landlord indicating dates of residence.
- Statement from Adult Home/Assisted Living indicating dates of residence and proof of residence prior to entering the Adult Home/Assisted Living.

SECTION 2 CITIZENSHIP AND IDENTITY Submit the following for applicant and spouse to prove citizenship and identity:

- Medicare Card - satisfies both citizenship & identity. (original required)
- Birth certificate – satisfies citizenship only. (original required)
- US Passport - satisfies both citizenship & identity. (original required)
- Naturalization Papers - satisfies both citizenship & identity. (original required)
- Valid Driver's License or other Government issued ID w/same info. As Driver's License - satisfies identity only. (original required)
- Religious record recorded in the US within 3 months of birth showing a US place of birth and either date of birth or the individual's age at the time the record was made. (original required)

IMMIGRATION STATUS – if applicable

- Permanent Resident Alien card (I-551)
- Arrival Departure Record (I-94)
- Employment Authorization card (I-688B, I-766, 1797)
- Documentation from US Citizen Immigration Services

SECTION 3 PERSONAL INFORMATION: Submit all that apply for the applicant and spouse:

- Social Security Card
- Health Insurance Cards (with premium payment source and amount)
- Medicare Card
- Military Papers
- Marriage Certificates
- Divorce Decree
- Separation Agreements

- Spouse's Death Certificate
- Power of Attorney (by Medicaid applicant appointing agent)

SECTION 4 INCOME: Submit all that apply for both the applicant and their spouse:

- Award letter, check stub, or statement from the issuing Agency or company showing gross monthly income, all deductions and net income.
 - Social Security
 - Railroad Retirement
 - Retirement Benefits (pensions)
 - New York State Disability Benefits
 - Workmen's Compensation Benefits
 - Veteran's Benefits
 - Private Disability, Accident Insurance/No fault
 - Union Benefits
 - Unemployment Benefits
 - Long Term Care Insurance Benefits
- IRA/Annuity Distributions
- Pay stubs for previous four (4) weeks or statement from employer listing gross income and all deductions for last 4 weeks.
- Alimony received
- If self-employed, copy of most recent income tax return and current year profit and loss statement
- Document amount of income received from rent and rental expenses
- Any other source of income

SECTION 5 RESOURCES: Submit all that apply for applicant and spouse

FOR HEMOCARE APPLICANTS PROVIDE PAST 3 MONTHS (and current month) RECORDS FOR EACH OF THE FOLLOWING:

- Bank book or bank statements for all accounts that were open or closed, including:
 - Savings and checking accounts
 - CD's
 - Credit Union Accounts
 - Brokerage and/or Stock Accounts
 - IRA's
 - Annuities
- Stock and Bond Certificates
- Copies of US Savings Bonds
- Pre-paid Funeral Agreements
- Cemetery Deeds
- Life Insurance Policies with statement of current face and cash values
- Copies of last year's Tax Returns including all schedules, W2s, and

1099s.

- Motor Vehicle title and registration (auto, boat, trailer, mobile home)
- Real Estate deeds or past 3 years tax bills
- Information of any transfer of resources within the last 36 months (copies of deeds and Fair Market Value at the time of transfer, statements showing change of ownership)
- Copy of trust if applicant or spouse is Settlor, Beneficiary, or Trustee and last 5 years of the Trusts tax returns.

******NOTE - UNTIL MEDICAID HAS DECIDED YOUR APPLICATION SEND OUR OFFICE COPIES OF ALL CURRENT ACCOUNT STATEMENTS AND UPDATED VALUES ON A MONTHLY BASIS TOGETHER WITH PROOFS OF DEPOSITS AND APPLICABLE WITHDRAWALS ******

SECTION 6 FINANCIAL DOCUMENTATION:

- Document the purpose of all withdrawals of \$1,000 or more. Provide copies of cancelled checks if applicable. Medicaid can and may ask you to document specific withdrawals of lesser amounts.
- Document the source of **ALL** deposits other than income with copies of deposit slips and copies of any checks deposited.

SECTION 7 HEALTH/MEDICAL:

- Verify any Health Insurance premiums and provide proof of payment of premium.
- ***Copies of unpaid medical bills within the past 3 months for which the doctor, lab, or hospital is still seeking payment
- ***Copies of paid medical bills within the past 3 months with proof of payment.

All medical bills must show date of service and that Medicare and private health insurances' have paid their portion. **Copies of explanation of benefits from the insurance carrier do NOT satisfy proof of unpaid bills.**

*** If the applicant is financially qualified, medicaid may pay unpaid medical bills of the applicant for medical services provided to the applicant up to 3 months prior to the submission of the Medicaid application. If such medical bills were paid, Medicaid may reduce the applicant's Net Available Monthly Income contribution for the month in which such bills were paid. Accordingly, if such unpaid or paid medical bills are not provided timely by the applicant pursuant to this document checklist, such bills will not be considered by Medicaid and may become the responsibility of the applicant.

SECTION 8 FOR APPLICANT'S REQUIRING POOLED TRUSTS ONLY:

- The name(s) Address(es) and phone number(s) of applicant's physicians and specialists.
- Proof of type of social security benefits being received (i.e. retirement social security or supplemental social security).