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DOCUMENTATION REQUIRED FOR MEDICAID APPLICATION--*SINGLE CASE*

(This list is set out on BOTH sides of this page. Copies of documents are acceptable.)

Note: Assets must be verified for the **first day of the first month for which coverage is sought and **three months** prior to this date. *Target date of eligibility : _____

_____ A. A birth certificate of applicant AND a driver's license or state ID. If there is no birth certificate then two proofs of the date of birth, (i.e., baptismal records, insurance policies, Social Security record, health care record from physician, nursing home, or other health care provider).

_____ B. Death certificate for spouse, if applicable.

_____ C. Applicant's Social Security, Medicare, Railroad Retirement, Veterans and/or health care insurance supplement cards, as applicable. **Please copy both the front and back of the health care insurance card. WE MUST HAVE A COPY OF THE MEDICARE CARD.**

_____ D. Property deeds on property the nursing home resident owns.

_____ E. Prepaid funeral arrangement and deed to burial plot. For prepaid funeral arrangement, 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 if there are excess funds in the trust at the time of the individual's death, the excess amount will be paid either to the individual's estate; the Medicaid office, State of Indiana; or Division of Family Resources.

_____ F. Verification of resident's life insurance policies including a written verification from the company of the Cash Surrender Value of the policy as of the target date. **Please copy for each policy the face sheet which shows the issue date of policy and face amount of policy.** If you are cash surrendering the policy or changing ownership, we will also need verification of this transaction.

_____ G. Verification of the amount of monthly health care insurance premium paid for the resident's coverage. The premium stub is ideal proof; but 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.**

G. PROOF OF INCOME RECEIVED

_____ 1. Proof of Social Security including the letter for the current year showing the nursing home resident's monthly benefit and Medicare Part B deduction. **A notation on a bank statement is not sufficient proof.** You can request a verification from the Social Security Administration via www.ssa.gov. You will need the name, date of birth, and Social Security number of the individual for whom the request is being made. Also, the address on file at Social Security must be current. If you do not have Internet access, please contact Jana Beth Trace of my office for assistance.

_____ 2. Other benefits including a) Veteran's benefits: the check or letter of notification (if within 12 months) or call 1-800-827-1000, b) Railroad Retirement benefits: the check or letter of notification (if within 12 months) or call 1-800-808-772 or 317-226-6111 or c) Retirement or Union benefit: the check stub or a statement from the company showing gross and net income.

_____ 3. Income from rental of property along with the expenses of ownership (real estate tax, real estate insurance, utilities, routine maintenance, interest on mortgage payments).

_____ 4. Earnings: name of employer, pay stubs covering the last 3 months, verification of work expenses.

_____ 5. Any other income.

_____ H. Copy of the **most recent** federal income tax return filed on behalf of the applicant. (Please note Medicaid may require three to five years worth of tax returns. However, DO NOT bring or send those at this time. We will notify you **only if** the individual caseworker makes a request for these items.)

_____ I. Bank statement(s) showing the balance in any and all accounts owned (checking, savings, CDs, Christmas Club, etc.) **for the date mentioned above and the three prior months.** In other words, your bank statements or computer print-outs should cover the following period:

_____ J. Nursing home trust account covering the following period: _____

_____ K. Verification of ownership and value of any stocks or bonds owned (include U.S. Savings Bonds) for the date mentioned above and the three prior months.

_____ L. Documents pertaining to any trust of which the resident is the beneficiary or for which he or she is the trustee.

_____ M. Verification of the current market value of any non-motorized recreational vehicle, camper, trailer, boat, etc. owned by the nursing home resident.

_____ N. The registration or title to any vehicle or vehicles owned by the Medicaid applicant. We can assist you in getting these values if we have the make, model, and approximate mileage.

_____ O. A listing of the contents of any safe deposit box rented by the resident. (Further documentation may be required depending on contents).

_____ P. Power of attorney, if the nursing home resident has given anyone power of attorney.

_____ Q. Proof of date of admission to the nursing home as well as the "per diem" rate for the facility. (A statement from the nursing home on letterhead, a billing statement, or admission sheet from the medical chart will be sufficient.)

_____ R. Proof of gifts made in the last three *or* five years (I will instruct you on which applies.)

Reminders: _____
