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DOCUMENTATION REQUIRED FOR MEDICAID APPLICATION--*SPOUSAL CASE*

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

Your two key dates are: _____ (Snapshot Date) and _____.

_____ A. Birth certificate AND driver's license or state ID for each spouse. If there is no birth certificate than 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. Social Security, Medicare, Railroad Retirement, Veterans and/or health care insurance supplement cards, as applicable for each spouse. **Please copy the front and back of the health care insurance card. WE MUST HAVE A COPY OF THE MEDICARE CARD TO ESTABLISH U.S. CITIZENSHIP.**

_____ C. Record of marriage, such as certificate or license.

_____ D. Property deeds on property owned by spouses jointly or by a spouse in sole name.

_____ 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 that any excess funds in the trust at the time of the individual's death will be paid to the individual's estate; the Medicaid office, State of Indiana; or Division of Family Resources.

_____ F. Verification of your spouse's **and your** life insurance policies including a written verification from the company of the Cash Surrender Value of the policy on the two dates above. **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 your spouse's** coverage. The premium stub is ideal proof but if you do not have a premium stub, please request a letter from the company. **If one premium is paid for both spouses, please ask the company to give a specific breakdown of the premium attributable to Medicaid applicant.** A notation on a bank statement is NOT sufficient. **Please include premium information for Medicare Part D, if applicable.**

H. PROOF OF INCOME RECEIVED BY BOTH SPOUSES:

_____ 1. Proof of Social Security, including the letter for the current year showing the nursing home resident's monthly gross 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; and 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 both spouses. (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, C.D.s, Christmas Club, etc.) **for the two dates** _____. If the second date (target date for Medicaid eligibility) has not occurred yet, submit these verifications when available.

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

_____ K. Verification of ownership and value of any stocks or bonds owned (include U.S. Savings Bonds) **for two dates listed at the top of this list.**

_____ L. Documents pertaining to any trust of which either applicant or spouse is the beneficiary or for which either is the trustee.

_____ M. Verification of the current market value of any non-motorized recreational vehicle, camper, trailer, boat, etc. owned jointly or individually by applicant or spouse.

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

_____ O. Records of your rent or monthly mortgage payment, property tax, property insurance, condo fees, and one recent heating bill and electric bill.

_____ P. Power of attorney, if your spouse has given anyone power of attorney, or Letters of Guardianship, if applicable.

_____ Q. Proof of date of admission to the hospital and proof of date of admission into the nursing home. (The nursing home will often have a hospital discharge sheet which will contain both dates.)

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

Reminders: _____

