

Medicaid Client Checklist

Please gather as many of the following documents as you can and deliver them to us before your initial conference with our attorneys. We will scan these documents to help the attorneys prepare for the conference.

** If the Medicaid Applicant is married, we will need this information for both spouses.**

General Information:		
☐Birth Certificate		
☐ Marriage Certificate for most rece	nt marriage	
Decree of dissolution for each pas	t marriage of the Applicar	nt that ended in divorce
☐ Death Certificate of any deceased	spouse of the Applicant	
☐ Social Security Identification Card	1	
☐ Railroad Retirement Card		
☐ Driver's License or Identification	Card	
☐ Form DD 214 (For military veteral)	ans – Certificate of Releas	se or Discharge from Active Duty)
☐ Most recent federal income tax ret	urn	
Nursing Home Information:		
☐ Nursing Home admission docume	nts	
☐ Statement, letter, or invoice from 1	nursing home showing Ap	oplicant's daily rate
		vas in the hospital prior to nursing home (also re days or more to one or more hospital/rehab
Insurance Information:		
☐ Medicare Card (front and back)		
☐ Veterans health benefit card (fron	t and back) and statemen	t
☐ Supplemental Health Insurance Ca	ard (front and back)	
☐ Supplemental Health Insurance Pr	emium Statement	
☐Rx (prescription) Plan Card (front	t and back)	
☐Rx (prescription) Plan Premium S	tatement	
☐Long term care (nursing home) in	nsurance policy (front an	d back of all pages) with fact sheet showing
current daily payment rate and the ma	aximum coverage value o	r number of days of coverage
Income Information:		
☐ Social Security Statement (long na	arrow form delivered in th	e fall of the year – NOT Form SSA-1099)
Railroad Benefits Statement		
☐ Veteran's Benefits Statement		
Pension Statements and records id	entifying former employe	ers that provided the pensions
☐ Farm Lease and crop rent income	information for most rece	nt crop year
☐ Rental Property Lease, rental inco	me information, and expe	nses of ownership:
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Real estate tax statements
☐ Property insurance statement
☐ Utility statement
☐ Maintenance expenses
☐ Mortgage information
☐ Earnings: name of employer, pay stubs covering the last 3 months, verification of work expenses.
☐ Statements regarding any other income received.
Resource Information:
Account statement for every account (owned by the Applicant or Applicant's spouse - including accounts owned with other people) showing the balance for three months prior to the initial conference. Such accounts include:
Checking Accounts
☐ Savings Accounts
☐ Certificates of Deposit (CD)
□ Stocks
☐ Bonds (including US savings bonds or any other type of bond)
Other Investment Securities
☐ Investment accounts
□ Brokerage accounts
☐IRA, Roth IRA, IRA annuities, 401(k) accounts, etc.
Other Retirement Accounts
□ Nursing Home Resident Account
☐ Life insurance Documents:
☐ Complete copy (front and back) of pages of each policy
☐ Face Sheet showing issue date and face amount
☐ Any document from the company showing current death benefit value and cash surrender value ☐ Annuity policies or contracts
Complete copy of all pages (front and back) of each policy or contract
Any document from the company showing current cash surrender value
□Vehicle documents ((includes cars, trucks, RVs, camper trailer, boats, motorcycles etc.)
☐ Vehicle Title
☐ A note from you describing vehicle make, model, condition, and current mileage of the vehicle.
□ Real Estate documents, whether owned individually, jointly with others, or in trust
☐ Deeds
\square Appraisals (only if you already have them – please don't order an appraisal)
☐ Real Estate Tax Statements
☐ Prepaid funeral documents (front and back copies of all pages) and deed to burial plot.
\Box A list of the contents of any safety deposit box, the name of the bank and the bank's location.

Gifts, Sale	es, and Other Transfers:
□Evic	dence of all gifts or sales for less than fair market value to family members or any other persons or
entities	s made by the applicant or the applicant's spouse in the past 5 years (provide copies of checks, account
stateme	ents, real estate sale closing statements, deeds, etc.)
Legal Doc	uments:
\square Pow	vers of Attorney
\Box App	pointment of Health Care Representative
Last	t Will and Testament
	st Agreement(s)
	ng Will
-	erson in under Guardianship, "Letters of Guardianship" and/or Court Order
Provide th	e following information only if the nursing home resident has a spouse living at home:
Reco	ords of the following household expenses for the past three months:
	☐ Rent or Mortgage payment
	☐ Real Estate Taxes
	☐ Homeowner's insurance premium
	☐Condo maintenance fees or charges
	☐ Telephone Bill
	□Gas Bill
	□ Electric Bill
	□Water Bill
	☐ Sewage Bill
	□Fuel Oil Bill
	Trash Rill

The Medicaid application process usually takes many days in preparation, filing, and responses to government officials' questions. It also requires us to assemble, summarize, and file a vast number of documents.

If the person that you are helping resides in a nursing home, please tell the nursing home representative that your attorney is preparing to begin the Medicaid application process and ask the representative to direct Medicaid questions to your attorney.



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