

MEDICAID DOCUMENT CHECKLIST

CLIENT NAME: _____

The following is a list of documents which you will need to have in hand at the time you make application for Medicaid Assistance. The list applies to **any assets currently owned, transferred, sold, given away, or inherited** by the applicant **during the previous 60 months:**

- _____ 1. Copy of **Social Security, Medicare cards, and Drivers Licenses, or ID, or Birth Certificate.**
- _____ 2. Copy of **Will, Durable Power of Attorney, Health Care Power of Attorney or Legal Guardianship.**
- _____ 3. Copy of **last six months' bank statements** for any account on which the applicant's name is listed or on which the applicant is authorized to sign (checking, savings, CDs, money markets, IRAs).
- _____ 4. Proof of **source of deposits** shown on bank account statements: Social Security, Pension, Civil Service, Annuities, Private Retirement Accounts, Teachers Retirement, VA Pension, Income from Notes, Interest Income, and/or Rental Income.
- _____ 5. Copy of **closing statement** for any account closed within the last five years, or from which the applicant's name has been removed.
- _____ 6. Copy of any **trust agreement.**
- _____ 7. Copy of **inventory of safety deposit box** signed and authorized by a bank representative.
- _____ 8. Copy of all **notes, stocks, and bonds.**
- _____ 9. Copy of **deed to all transferred property** (houses, lots, lands, mineral rights).
- _____ 10. Copy of **all insurance policies** (whole life, burial, hospitalization).
- _____ 11. Copy of **deed or tax statement for homestead, other properties, and cemetery property.**
- _____ 12. Copy of **all oil, gas, mineral or surface rights, ownership or leases.**
- _____ 13. Copy of **deed showing life estate interest.**
- _____ 14. Copy of **Veterans discharge papers.**
- _____ 15. **For Transfers:** Copy of a bank or financial statement showing each transfer that was made within the last 60 months.