

## Home Care Medicaid Document Checklist

The following information is necessary to complete the Medicaid application. **Copies are fine for all documents**; originals are not necessary. The more documentation provided the quicker the processing time.

Please provide at least <b>ONE</b> document fron	n each of the following categorie	ies (for both the APPLICANT and their SPOUSE): *and any other adults living in the house
1. Proof of Age/Identity U.S Passport Birth Certificate N.Y.S Driver's License Please provide ALL applicable documents f	2. Proof of Citizenship  U.S Passport  Birth Certificate  Naturalization Papers  Alien Registration Card	3. Marital Status  Marriage Certificate  Divorce Decree/Separation Agreement  Pre- or Post-Nuptial Agreement  Spouse's Death Certificate
riease provide ALL applicable documents i	Tom the following categories (to	of both the Affeldant and their Stoose).
All statements for applicable resource  Checking Account Statements  Saving Account Statements  Certificates of Deposit  Credit Union Account Statements  IRA, RMD, 401K, Keogh Accounts  Annuities, Stocks, Bonds, Mutual Funds  Trust Accounts  Life Insurance Policy with Cash Value Statements  Itile to Automobile & Fair Market Value  Burial Plot Information  Prepaid Funeral Contracts  Separate funds for burial  Life Insurance for burial  Mortgages/Liens  Deeds to Property Owned & Listing Agree  Other Real Estate  Rental/Vacation Property	*All pages are required for statements. Including Front and Back <u>and</u> Blank Pages	SSI Award Letter - Visit: www.ssa.gov/manage-benefits/get-benefit-l Most recent Pay Stubs - One Months Worth. (4 weekly or 2 bi-weekly) Support/Alimony Checks OR Court Order Annuities & Trust Income Interest & Dividends Pension Statement Temp. Disability Check OR Award Letter VA Award Letter Unemployment Check Stubs Temporary (cash) Assistance Student Grants or Loans Rental Income Reparations Contributions from Others Social Security Gross Monthly Income Letter * AKA proof of income letter (This is not the SSA-1099) Visit: www.ssa.gov/manage-benefits/get-benefit-letter Phone 1-800-772-1213
Time Shares  Land		7. Other  Long-Term Care Insurance
Property right in or out of NYS Any Legal reason you cannot sell your ho Anyone else living in your home	me	Veteran: Discharge Paper  Water Bill (if paid separately)  Additional Insurance Cards  Medicare Card (Front & Back)
6. Advance Directives		Replacement: www.account.mymedicare.gov Phone: 1-800-633-422 Social Security Card (Front & Back)
Power of Attorney		Replacement: www.ssa.gov/myaccount Phone: 1-800-772-1213