

CHECKLIST FOR MASSACHUSETTS MEDICAID APPLICATION

Personal Information

- _____ Copy of Birth Certificate of Applicant (also for spouse, if applicable)
- _____ Copy of Social Security Card of Applicant (also for spouse, if applicable)
- _____ Copy of Marriage Certificate of Applicant (if applicable)
- _____ Copy of Durable Power of Attorney of Applicant (also for spouse, if applicable)
- _____ Copy of ALL Trust (Revocable and Irrevocable) of the Applicant (also for spouse, if applicable)

Health Insurance

- _____ Copy of both sides of all health insurance cards of Applicant (also for spouse, if applicable)
- _____ Copy of both sides of Medicare card of Applicant (also for spouse, if applicable)
- _____ Premium amount paid for health insurance, provide copy of statement
- _____ Date coverage began (also for spouse, if applicable)

Have you applied for Medicaid in the past?

_____ No _____ Yes

If Yes:

When: _____

Where: _____

Have you purchased a prepaid burial contract?

_____ No _____ Yes

If Yes, please provide a copy of contract.

If Yes, is the contract irrevocable?

Have you purchased a Burial Plot

_____ No _____ Yes

If Yes, please provide a copy of contract.

Have you made any gifts in the past FIVE years?

_____ No _____ Yes

If Yes, to whom was the gift made and what was the gift?

Please provide proof of all gifts made. (i.e., copies of bank statements, checks and deposits).

Motor Vehicles

- _____ Provide Make, Model and Year of auto
- _____ Copy of auto registrations and title
- _____ Who's name is the title under?
- _____ Fair Market Value of Auto (Kelly Blue Book Online)
- _____ Amount owed on the auto, if any

Married Individuals

- _____ Provide copies of all monthly utility expenses

Including mortgage, phone, insurance, home owners insurance & electricity

Nursing Home Information

_____ Provide Name and Address of Facility

_____ Provide date of admittance

_____ Provide date paid through at the nursing home

_____ The daily and monthly amount paid to the nursing home; provide copy of statement from nursing home

_____ Amount in the resident patient account at the nursing home

Residence

_____ Provide name and address of residence and or hospital prior to admittance into facility going back to home ownership or apartment rental.

Please include dates of residence or hospital stays

Financial Accounts

_____ Please provide the value of ALL financial accounts/assets as of the date entering the nursing home or hospital, whichever is earlier. Please provide proof of value.

_____ Provide ALL of the following in the name of the Applicant and or spouse; held individually or jointly:

Savings, Checking, NOW, Money Market, Personal Needs Account, CD's

Please provide 60 months of statements from the date of admittance including the most current

_____ IRA's, Keoghs, SEP's and Annuities

_____ If Applicant or spouse has closed an account within the past 60 months, please provide statements with account numbers and statements showing the zero balance. Please provide statement showing where funds were deposited.

Social Security

_____ Copy of Statement showing amount received of Applicant (also for spouse, if applicable)
(not necessary if direct deposit)

Pensions

_____ Copy of Statement showing amount received of Applicant (also for spouse, if applicable)

Annuities

_____ Copy of Statement showing amount received of Applicant (also for spouse, if applicable)

_____ Please provide name of company, Purchase amount, Purchase date and monthly income amount, the annuitant and beneficiary names

_____ Please provide a copy of the annuity contract

Any other source of income

_____ Copy showing amount received of Applicant (also for spouse, if applicable)
Provide how often paid and to whom it is paid. (rental income)

Life Insurance Policies

_____ Please provide Life Insurance policies in the name of Applicant and or spouse if applicable

_____ Please provide name of company, Face amount, Cash value and Policy number

_____ Please provide the owner of the policy, beneficiary and copy of the first page of policy if applicable.

stocks, bonds

_____ Please provide list of stocks, bonds, savings bonds, T-Bills, coins, stamps, safety deposit box contents of the Applicant and or spouse if applicable. Please provide value as of date of admittance into nursing home or hospital whichever is earlier.

Real Estate

_____ Does the Applicant or spouse own any real estate?

_____ No _____ Yes

If Yes:

_____ Please provide a copy of the Deed

_____ Please provide a copy of the latest tax bill

_____ If not homestead property please provide fair market value of real estate.

_____ Has the Applicant or spouse sold any real estate in the last 5 years?

_____ No _____ Yes

If Yes:

_____ Please provide a copy of the Settlement Statement from the sale

_____ Please provide a copy of the deposit of the proceeds from the sale

_____ Has a Trust been created?

_____ No _____ Yes

If Yes:

_____ Has the property been transferred into the Trust?

_____ Is there a life estate in the property?

_____ No _____ Yes

If Yes:

_____ Provide copy of the deed

_____ If renting property please provide copy of rental contract or lease

TAXES

_____ Please provide copies of the past 3 years of tax returns (IRS only, not MA)