

Nursing 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.

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|---|--|--|------------------------------|
| Please provide at least ONE document f | rom each of the following catego | ries (for both the APPLICANT and their SPOUSE): | uing in the house |
| 10 (11 (1) | 0 D ((0''' 1' | *and any other adults li | ving in the house |
| 1. Proof of Age/Identity U.S Passport Birth Certificate N.Y.S Driver's License | 2. Proof of Citizenship U.S Passport Birth Certificate Naturalization Papers Alien Registration Card | 3. Marital Status Marriage Certificate Divorce Decree/Sepa Pre- or Post-Nuptial Spouse's Death Certi | Agreement |
| Please provide ALL applicable documents from the following categories (for both the APPLICANT and their SPOUSE): | | | |
| 4. Financial Resources 5. Income | | | |
| Life Insurance for burial Mortgages/Liens Deeds to Property Owned & Listing A Other Real Estate Rental/Vacation Property Time Shares Land Property right in or out of NYS Any Legal reason you cannot sell you Anyone else living in your home | e Statement lue *All pages are required for statements. Including Front and Back and Blank Pages Agreement | SSI Award Letter - Visit: www.ssa.gov/manage Most recent Pay Stubs One Months Worth. (4 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 Lett * AKA proof of income letter (This is not the SS Visit: www.ssa.gov/manage-benefits/get-ben Phone 1-800-772-1213 Long-Term Care Insurance Veteran: Discharge Paper Water Bill (if paid separately) Additional Insurance Cards Medicare Card (Front & Back) Replacement: www.account.mymedicare.gov | e weekly or 2 bi-weekly) Ter |
| 6. Advance Directives | | | rnone: 1-800-633-422/ |
| Power of Attorney | | Social Security Card (Front & Back) Replacement: www.ssa.gov/myaccount | Phone: 1-800-772-1213 |
| The following living expenses will be taken into account if the Medicaid recipient is placed in a nursing facility, but the spouse remains living in the community. | | | |
| Please provide copies of the following: Electric Bill Real Estate Tax Bills Home/Renters Insurance | | | |

ALL income verifications (Social Security Award Letter, Pension Stubs, etc)