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MEDICAID CHECKLIST

I. DEMOGRAPHICS

1. Birth Date Verification/Citizenship

Birth certificate, baptismal record, passport, census record, voter registration card, naturalization papers, alien registration card.

2. Marriage Certificate/Divorce Papers/Death Record

Copy of your marriage certificate, if married
Copy of your divorce papers, if divorced
Copy of death record, if spouse is deceased or obituary

3. Social Security Card

If you do not have a card verification will be needed to show that you have applied for one or that you have applied for a replacement card.

4. Health Insurance Card

A copy of your Medicare Card is needed in addition to any supplemental coverage such as AARP, Prescription Cards, Blue Cross, major medical, etc. We will also need verification of monthly premiums, if any.

II. FINANCES

5. Bank Statements:

Submit the following for **all** banks accounts (**checking, savings, CDs, IRAs, etc.**) that were open at any time during the past **60** months (even accounts now closed) and that were in the names of **EITHER** spouse or **HELD** jointly with **someone else** :

- 1. Bank Statements for each month for the past 60 months;**
- 2. Passbooks covering the past 60 months;**
- 3. Canceled checks for \$500.00 or more for the past 60 months;**
- 4. Provide an explanation for all transactions of \$500.00 or more;**

5. Continue to provide statements received between the application date and the date your case is granted by the state

6. Records of Stocks, Bonds or Other Assets

Verification of ownership and current value of any stocks or bonds you own alone or with another, including **60 months** of statements for any stock or mutual funds. We will need a copy of the bonds so we may determine their value.

7. Sources of Income

Written verification of all sources of income such as earnings, pensions, retirement benefits, Veterans benefits, SSI benefits, RSDI benefits, IRAs, 401k plans, interest income, income from rental property, income from leases or land contracts. Please remember when providing the income, we need GROSS AMOUNTS.

III. PROPERTY

8. Deeds for all property you own, such as your residence, burial plots, including property you own but on which you do not live. If property is on the market to be sold, a copy of the Listing Agreement is needed and a Plan of Liquidation must be completed for the State Medicaid Office.

9. Copy of Tax Bill, for all real estate.

10. Property sold in the 60 months; a copy of the settlement sheet is needed to verify date of sale and amount received.

11. Registration and Fair Market Value for all vehicles, even exempt vehicles, and amount owed, if any. Include automobiles, boats, trucks, camper trailers, etc. Also provide verification of any non-motorized recreational vehicle, camper, trailer, boat, etc. owned jointly or individually by you or your spouse.

IV. LIFE INSURANCE

12. Life Insurance Policies

All life insurance policies. It is most helpful to have a copy of the policy itself to use as written verification of the face value. You will also need written verification from the company of the current cash value of all policies. If the policy has been surrendered, we need written verification that the policy is no longer in force.

V. LEGAL DOCUMENTS

13. Trusts

Documents pertaining to any Trust of which you or your spouse is the beneficiary or that you or your spouse have established for the benefit of any other person.

14. Conservatorship/Guardianship

A copy of Judgment of Conservatorship or Judgment of Guardianship as applicable.

15. Power of Attorney

A Copy of any existing power of attorney for the applicant

16. Asset Protection Plan

A Copy of the Asset Protection Plan.

VI. TRANSFERS/GIFTS

- 17. Written documentation** of all gifts or property transfers within the past **60 months**. This should include a statement of date of transfer, the name of the person receiving the transfer, type of resource transferred, and resource value at time of transfer. If a transfer of real property has occurred, please provide the deed or other transfer documents and an appraisal of the property as close to the time of transfer as possible.

VII. MISCELLANEOUS

18. Safe Deposit Boxes

A listing of the contents of any safe deposit box rented by either spouse.

19. Pre-Paid Burial

Must be an Irrevocable Burial Trust Fund.

20. Shelter Expenses

Verification of all shelter expenses will be needed to determine if the community spouse will be eligible for a portion of the Institutionalized spouse's income. We would need monthly mortgage/rent payment, homeowner's insurance premiums, utility bill, tax bill (if not included in mortgage payment), etc.

GENERAL INFORMATION

VERIFY THAT THE ASSETS FOR THE APPLICANT ARE AT OR BELOW THE \$2,000.00/\$4,000.00 LIMIT. THE STATE WILL NOT BEGIN PAYMENTS UNTIL THE ASSETS HAVE REACHED \$2,000.00/\$4,000.00 OR LESS.