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MEDICAID APPLICATION CHECKLIST

(x) BIRTH CERTIFICATE

- OR PASSPORT
- OR CERTIFICATE OF NATURALIZATION
- OR LICENSE

(x) PLACE OF BIRTH, DATE OF BIRTH

(x) IF FEMALE, YOUR MAIDEN NAME.

(x) MOTHER'S MAIDEN NAME

(x) MEDICARE CARD (there is a new one with new numbers that are not the social security number)

(x) HEALTH INSURANCE CARD AND VERIFICATION OF PREMIUM

(x) SOCIAL SECURITY CARD

(x) if married, MARRIAGE CERTIFICATE

(x) if spouse is deceased, DEATH CERTIFICATE, for spouse

(x) if previously divorced, DIVORCE CERTIFICATE

(x) SOCIAL SECURITY AWARD LETTER (These are sent out by the Social Security Administration every January.)

(x) SOCIAL SECURITY ADMINISTRATION STATEMENT OF BENEFITS. (If you do not have an award letter, you should go online and order this from ssa.gov. You can request a full benefit statement and a new letter will be sent directly from them.)

(x) PROOF OF SUPPLEMENTAL SOCIAL SECURITY INCOME (SSI), SOCIAL SECURITY DISABILITY INCOME (SSDI), SOCIAL SECURITY RETIREMENT INCOME (SSA), SURIVIVOR BENEFITS, AND ANY OTHER INCOME

PENSION STUBS – PROOF OF HAVING A DIRECT DEPOSIT INTO YOUR BANK ACCOUNT IS *NOT* SUFFICIENT. PLEASE PROVIDE EITHER THE STUB SHOWING THE GROSS AND NET INCOME OR A LETTER FROM YOUR PAST EMPLOYER STATING SAME.

PROOF OF REQUIRED MINIMUM DISTRIBUTION ON ALL IRA'S IN THE FORM OF A BANK STATEMENT, DEPOSIT STUB OR LETTER FROM THE INSTITUTION STATING WHAT THE RMD IS IF IT DOES NOT APPEAR ON THE STATEMENT ITSELF.

DEED, STOCK CERTIFICATE FOR ALL PROPERTIES OWNED AND/OR RENTAL AGREEMENT OR RENTAL BILL IF YOU ARE RENTING YOUR PRIMARY RESIDENCE

PROOF OF MORTGAGES HELD ON ANY PROPERTIES.

PROOF THAT YOU HAVE LIVED AT YOUR PRESENT ADDRESS AND PAID RENT OR MORTGAGE PAYMENTS.

DEED TO BURIAL PLOT AND/OR FUNERAL AGREEMENT ALONG WITH ANY PREPAID BURIAL BILLS

BANK STATEMENTS –

NURSING HOME APPLICATIONS: 60 MONTHS, ALL PAGES MUST BE INCLUDED, WITH COPIES OF CANCELLED CHECKS IN THE AMOUNT OF \$2,000 OR GREATER.

HOME CARE APPLICATIONS: 30 MONTHS OF BANK STATEMENTS, ALL PAGES MUST BE INCLUDED, WITH COPIES OF CANCELLED CHECKS IN THE AMOUNT OF \$2,000 OR GREATER.

INSURANCE STATEMENTS FOR WHICH THE CLIENT IS A BENEFICIARY INCLUDING WHO HOLDS THE POLICY, THE FACE VALUE AND CASH VALUE

IF A GUARDIAN WAS APPOINTED, A SIGNED ORDER TO SHOW CAUSE ESTABLISHING THE GUARDIANSHIP, WITH THE COMMISSION PAGES TO SHOW WHO WAS APPOINTED.

IF A POWER OF ATTORNEY IS TO BE USED, A COPY OF THE POA, INCLUDING THE GIFT RIDER

A LIST OF ALL BILLS PAID BY THE CLIENT AND/OR A COPY OF THOSE BILLS FOR THE PAST 90 DAYS

FOR THOSE STAYING AT HOME, WITH AIDES, THE NAME, ADDRESS AND PHONE NUMBERS OF ALL THOSE WHO WOULD LIKE TO BE ABLE TO CONTACT THE POOLED TRUST COMPANY.

() **FOR COMMUNITY MEDICAID CLIENTS** APPLYING FOR HOME CARE, PLEASE HAVE YOUR DOCTOR FILL OUT THE DOCTOR'S DETERMINATION OF DISABILITY FORM ENCLOSED HEREIN. IT IS THE ONE PAGE FORM. PLEASE ASK YOUR PHYSICIAN TO INCLUDE THE MEDICATION LIST AS A SEPARATE ATTACHMENT. THIS FORM CAN BE SENT WITH YOUR OTHER DOCUMENTS, SCANNED AND EMAILED TO ME, OR FAXED TO ME, AT YOUR CONVENIENCE.

() **FOR COMMUNITY MEDICAID CLIENTS** APPLYING FOR HOME CARE, ONCE THE DOCTOR'S DETERMINATION OF DISABILITY FORM IS COMPLETED, BASICALLY, USE IT TO ANSWER THE DISABILITY QUESTIONNAIRE YOURSELF, OR WITH THE HELP OF A FAMILY MEMBER OR FRIEND. IT DOES NOT NEED TO BE SIGNED. IT JUST NEEDS TO BE COMPLETED AND THE EASIEST WAY TO DO SO IS TO COPY MOST OF THE INFORMATION FROM THE DOCTOR'S DETERMINATION OF DISABILITY FORM. THIS FORM CAN BE SENT WITH YOUR OTHER DOCUMENTS, SCANNED AND EMAILED TO ME, OR FAXED TO ME, AT YOUR CONVENIENCE.