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McMurray, PA 15117
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4500 Walnut Street
McKeesport, PA 15132
Tel: (412) 751-5670
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Medicaid Application Checklist
Only copies are required, not originals

Cards & Certificates

- _____ Birth Certificate or Baptismal Certificate
- _____ Social Security Card
- _____ Medicare Card
- _____ Health Insurance Card
- _____ Proof of Health Insurance Premium
- _____ Power of Attorney, including Living Will

Proof of Income

- _____ Proof of Social Security Income
- _____ Proof of Pension Income
- _____ Proof of All Other Income

Real Estate

- _____ Copies of Deeds for any and all property you own, including property owned by your spouse if married.

Bank Account and Investment Statements

- _____ Copies of all Bank Statements for the past 60 months. If you do not have those get at least 24 months.
Include Checking, Savings, Money Market, CDs, Annuities, Christmas Club, Etc.
Include All whether Joint with another person or not.
- _____ Copies of all Investment Account Statements for the past 60 months. If you do not have those get at least 24 months.
Include Stocks, Bonds, Mutual Funds, Annuities, Savings Bonds, IRAs, Etc.
Include All whether Joint with another person or not.

Life Insurance Valuation Statements

- _____ Copies of all Life Insurance Owned showing the Face Value and the Cash Value.
You will probably need to contact the company to obtain this. It is called a Valuation Statement. Contact the company, ask them to send a Valuation Statement to the Address they have on record. Do Not include Group Life Insurance. This is insurance you may have gotten through Work or a Union membership. It is a benefit that you have but do not really own the policy. The group does.

Vehicles

- _____ Title to any and all vehicles you own including cars, trucks, boats, quads, and motorcycles

Burial Documents

- _____ Copies of any Cemetery Plots, Vaults, Prepaid Funeral funds, etc.

Closed Accounts

- _____ List any and all accounts you have closed in the past 5 years and where the funds from that account were deposited or spent. Detail exactly what happened with the funds that were in the account when closed. See Attachment A.

Gifts

- _____ List any and all gifts made in the prior five years. This includes anything that was sold or given to another person, including selling something for less than it was worth. See Attachment B.

Medicaid Application Checklist page 2
Additional Documentation for Married Couple

Cards & Certificates

- _____ Birth Certificate of Baptismal Certificate of spouse
- _____ Social Security Card of spouse
- _____ Medicare Card of spouse
- _____ Health Insurance Card of spouse
- _____ PACE Card of spouse
- _____ Proof of Health Insurance Premium of spouse
- _____ Marriage Certificate

Proof of Income

- _____ Proof of Social Security Income of the Spouse
- _____ Proof of Pension Income of the Spouse
- _____ Proof of All Other Income of the Spouse

Deed to Real Estate, Bank and Investment Statements, Life Insurance Valuation Statements, Vehicles

- _____ For all of the Assets of the Spouse of the Medicaid Application, we will require the same documentation for the Spouse. Include all deeds, vehicle titles, life insurance, financial assets whether owned by either spouse individually, jointly, or with a spouse and joint with another person such as a child.
- _____ If a Statement is for an IRA owned not by the Medicaid Applicant but by the Spouse, make a special Notation on the front of that Statement that it is an IRA (or 401K, etc) owned by the non nursing home spouse.

Burial Documents

- _____ Copies of any Cemetery Plots, Vaults, Prepaid Funeral funds, etc. of both spouses.

Closed Accounts

- _____ List any and all accounts you have closed in the past 5 years and where the funds from that account were deposited or spent. List all closed accounts for any and all assets that had one or both spouse's names on it.

Gifts

- _____ List any and all gifts made in the prior five years. This includes anything that was sold or given to another person, including selling something for less than it was worth. See Attachment B.

Home / Rental Expenses

- _____ Copies of Rent payment due (if you rent)
- _____ Copies of County Real Estate Taxes
- _____ Copies of Municipal Real Estate Taxes
- _____ Copies of School District Real Estate Taxes
- _____ Copies of Homeowners Insurance Bill
- _____ Copies of Condo fees (if any)
- _____ Copies of One Month of Utility bills (gas, electric, water, sewage, phone, cable)

Notes

We only need copies, not originals. Tax returns may be requested by the caseworker. You do not have to have them for the initial application but, if requested, have them available. Please make sure you list **everything**. The caseworkers have access to IRS records and will look for items that were not reported to the State. Failure to report an asset may have detrimental effects to your application. When in doubt, call us (724) 942-6200 or (412) 751-5670.

Exhibit A
Closed Accounts

Date Account Closed	Amount in Account when Closed	Where the Balance went

Exhibit B
Gifts Made in past 5 years

Date of Gift	Amount Gifted	Where the Balance went

Notes:
