

SECTION 19 – RESOURCES INFORMATION

Indicate if you or anyone who lives with you who is applying:	YES	NO	WHO	AMOUNT/VALUE	WHO	AMOUNT/VALUE
Has cash available 1						
Has a checking account(s) 2						
Has a savings account(s) or certificate(s) of deposit 3						
Has a credit union account(s) 4						
Has life insurance 5						
Has title or registration to a motor vehicle(s) or other vehicle(s): Year _____ Make/Model _____ Year _____ Make/Model _____ Other _____ 6						
Has stocks, bonds, certificates or mutual funds 7						
Has savings bonds 8						
Has an IRA, Keogh, 401(k) or deferred compensation account(s) 9						
Has an irrevocable burial trust 10						
Has a burial fund 11						
Has a burial space 12						
Has his/her own home 13						
Has real estate, including income-producing and non-income-producing property 14						
Is eligible for an income tax refund 15						
Has an annuity 16						
Is the beneficiary of a trust 17						
Expects to receive a trust fund, lawsuit settlement, inheritance or income from any other sources 18						
Has an "in trust" account(s) 19						
Has a safe deposit box(es) 20						
Has resources other than those listed above 21						
Has anyone (including your spouse, even if not applying or living with you) given away any cash, or sold/transferred any real estate, income or personal property in the past 36 months? 22						
Has anyone (including your spouse, even if not applying or living with you) ever created a trust in the past or transferred any assets to a trust within the past 60 months? If yes, when? _____ 23						

VEHICLE INFORMATION

YR.	MAKE	MODEL	OWNER'S NAME	AMOUNT OWED	NADA VALUE	EXEMPT		LIEN HOLDER	ACCOUNT NO.
						YES*	NO		
				\$	\$				
				\$	\$				

*IF EXEMPT, WHY?

NEEDED	REFERRAL	COMPLETED
	Legal	
	Resource	

LIFE INSURANCE

FACE AMOUNT	CASH VALUE

REQUESTED	DOCUMENTATION	IN FILE
	Resource Checklist	
	Market Value	
	DMV Clearance	
	Bank Statement	
	Assignment of Proceeds	
	Car/Vehicle Title	
	Car/Vehicle Registration (Older Models)	
	Bank Clearance	
	RFI/OCA	
	1099	

CONSIDER

- ✓ Children's Resources
- ✓ Lump Sum
- ✓ Boats, Campers, Snowmobiles
- ✓ Individual Development Account (IDA)
- ✓ Exempt Vehicles

SECTION 20 – MEDICAL INFORMATION				REQUESTED	DOCUMENTATION	IN FILE
Indicate if you or anyone who lives with you who is applying:	YES	NO	IF YES, WHO		Pregnancy Statement	
Has any medical bills or medically-related expenses 1					Med/Psych Statement	
Is on Medicaid with a spend-down 2					Drug/Alcohol Screening (LDSS-4571)	
Has health or hospital/accident insurance (including insurance from employer) 3				POLICY NO.:	Drug/Alcohol Statement	
				AMOUNT:	Paid or Unpaid Medical Bills	
Has health insurance available through an employer 4				FREQUENCY OF PAYMENT:	SSI Application Verification (PA ONLY)	
Has Medicare (red, white, and blue card) 5				INSURANCE COMPANY NAME:	CONSIDER	
Has a health attendant/home health aide 6				WHO IS COVERED:	<input checked="" type="checkbox"/> AD/SSI Related <input checked="" type="checkbox"/> SNAP Aged/Disabled Indicator <input checked="" type="checkbox"/> SNAP Medical Deduction <input checked="" type="checkbox"/> TPHI Reimbursement <input checked="" type="checkbox"/> Buy-In Eligibility <input checked="" type="checkbox"/> Kreiger (LDSS-3664) <input checked="" type="checkbox"/> Domestic Violence <input checked="" type="checkbox"/> SSI Referral <input checked="" type="checkbox"/> Earned Income Credit	
Is blind, sick or disabled 7				EFFECTIVE DATE:		
Is a child with a developmental disability 8				Is the answer to question 7 in this section consistent with Section 17 asking if the applicant or any other adult who lives in the household have any medical conditions that limit their ability to work or the type of work that they can perform?		
Is in a hospital, nursing home or other medical institution 9						
Has paid or unpaid medical bills within 3 months preceding the month of this application 10				NEEDED	REFERRALS	COMPLETED
Is or was drug or alcohol dependent 11					SSI (D-CAP)	
Needs home care/personal care 12					Disability Interview (LDSS-1151)	
Is on SSI or has ever applied for SSI 13					Medical Report (LDSS-486, 486t)	
Is pregnant 14					Disability Report	
If pregnant, due date: _____ Expected number of births: _____					AD	
Receives treatment from a drug abuse or alcohol treatment program 15					TPHI	
Has not been able to work for at least 12 months because of a disability or illness 16					ACCES-VR	
Has daily activity limited because of a disability or illness that has lasted or will last at least 12 months 17					CTHP	
Has been in a car accident or work-related accident in the past two years 18					Family Planning	
Has had a government agency (public program) besides Medicaid or Medicare pay any of your medical bills 19					SSA (RSDI)	
If yes, what agency _____					Veteran's Benefits	
Will billing any other health insurance cause harm to your physical or emotional health or safety, and/or will it interfere with the privacy and confidentiality of your application for or receipt of Medicaid? 20					Veteran's Counseling	
					Child Health Plus	
					COBRA Eligibility	
					Nurse's Aide Service	
					Home Care	
					NYSOH	
					MA-Only (DOH-4220)	
					SSI-Related/Chronic Care (DOH-4220 with Supplement A)	
					LDSS-4526 or local equivalent	