Sabrina Ramsey Kane, Attorney at Law

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INTAKE AND CHECKLIST FOR MEDICAID APPLICATION

NAME OF NURSING HOME: ____

DATE OF ADMISSION: ____

APPLICANT:

Name: ____

Street Address: ____

City: ____________________ State: ______________ Zip: ______________

Home Phone Number: ______________ Cell Phone Number: ______________

Date of Birth: ______________ E-mail Address: ______________

SPOUSE (if applicable)**:**

Name: ____

Street Address: ____

City: ____________________ State: ______________ Zip: ______________

Home Phone Number: ______________ Cell Phone Number: ______________

Date of Birth: ______________ E-mail Address: ______________

CHILDREN:

Name: ____

Street Address: ____

City: ____________________ State: ______________ Zip: ______________

Home Phone Number: ______________ Cell Phone Number: ______________

E-mail Address: ____

Name: ____

Street Address: ____

City: ____________________ State: ______________ Zip: ______________

Home Phone Number: ______________ Cell Phone Number: ______________

E-mail Address: ____

Name: ____

Street Address: ____

City: ______________________________ State: _______________ Zip: ___________________

Home Phone Number: ________________ Cell Phone Number: ___________________________

E-mail Address: ____

Does the applicant have a permanently and totally disabled or blind child? O Yes O No

If Yes, Name: ____

Does the applicant have a child who has lived with the applicant at home for at least the last 2 years before the applicant was admitted to the medical institution? O Yes O No

If Yes, Name: ____

Does the applicant have a sibling with a legal interest in the home who has lived with the applicant for at least 1 year before the applicant was admitted to the medical institution? O Yes O No

If Yes, Name: ____

CHECKLIST:

- o BIRTH CERTIFICATE, naturalization or baptismal record
- o HEALTH INSURANCE CARDS (FRONT AND BACK)
  - o MEDICARE
  - o MEDEX
  - o MEDEX PREMIUM INVOICE
  - o OTHER SUPPLEMENT INFORMATION
- o FEDERAL TAX RETURN FOR THE LAST 2 YEARS
- o INCOME: COPIES OF THE FOLLOWING:
  - o DECLARATION LETTER FROM SOCIAL SECURITY ADMINISTRATION
  - o PENSION CHECK OR PAYSTUB WITH DEDUCTIONS
  - o VETERANS' BENEFITS WITH DEDUCTIONS
  - o OTHER
- o BANK ACCOUNTS: Regarding all accounts, OPEN OR CLOSED, including checking, savings, personal needs, credit union, money market, certificate of deposits, etc., please provide for each account the following:
  - o MONTHLY STATEMENTS/PASSBOOK ACTIVITY: From date of admission to nursing home to present. BE PREPARED TO PRODUCE STATEMENTS FOR THE PAST 5 YEARS.
  - o CHECKS DRAWN OVER $1,500+ DATE OF ADMISSION TO PRESENT
  - o VERIFICATION OF SOURCE OF DEPOSITS OF $1,500+ DATE OF ADMISSION TO PRESENT

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- LIFE INSURANCE:
  - COPY OF EACH POLICY
  - LETTER FROM EACH LIFE INSURANCE COMPANY VERIFYING:
    1. Owner of policy;
    2. Policy number;
    3. Face Value;
    4. *Current cash surrender value
    5. *If there is a cash surrender value on the applicant's policy, request the necessary forms to surrender this policy.
- LONG TERM CARE INSURANCE:
  - COPY OF EACH POLICY
- PREPAID BURIAL PLAN/TRUST – Name of Funeral Home: _________________________________
  - COPY OF CONTRACT
  - COPY OF ITEMIZED STATEMENT FROM FUNERAL HOME
- BURIAL ACCOUNT:
  - COPY OF UP-TO-DATE STATEMENT/PASSBOOK
- REAL ESTATE:
  - COPY OF DEED(S)
  - MOST RECENT TAX BILL SHOWING THE ASSESSED VALUE
  - MORTGAGE STATEMENT
- MOTOR VEHICLES:
  - COPY OF REGISTRATION
  - OUTSTANDING LOAN AGREEMENT
  - EXCISE BILL
- STOCKS / BONDS / MUTUAL FUNDS / SECURITIES / OTHERS. Verification of sale price and verification of deposit of proceeds on sale to bank account.
  - COPY OF CERTIFICATES
  - COPY OF STATEMENTS FROM DATE OF ADMISSION TO PRESENT
- ANNUITIES:
  - COPY OF ANNUITY CONTRACT
  - COPY OF ANNUITY CHECK
- FROM NURSING HOME:
  - ENTRANCE AGREEMENT
  - MOST RECENT BILL
- COPY OF DURABLE POWER OF ATTORNEY (unless already on file)
- COPY OF HEALTH CARE PROXY (unless already on file)
- COPY OF WILL (unless already on file)
- TRANSFERRED ASSETS:
  - COMPLETE INFORMATION AND CANCELLED CHECKS FOR CASH GIFTED

Has the applicant or the applicant's spouse transferred, put into trust, given away any assets, including your home, in the past 60 months? O Yes O No

Has the applicant or the applicant's spouse transferred any right to income in the past 60 months? O Yes O No

DATE OF TRANSFER	AMOUNT	TO WHOM

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