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Nursing Home Application Checklist

1. Name of applicant and spouse (if applicable). **NOTE: If spouse is deceased, no information is required for the spouse for the remainder of the checklist.**
2. Applicant address prior to entering nursing home.
3. Nursing Home Name.
4. Date entered nursing home.
5. Date Medicaid needed.
6. Spouse address (if applicable).
7. Name and mailing address of the applicant's representative. (This is the person who will help manage the Medicaid application and communicate with us on the applicant's behalf.)
8. Phone number and email of the representative (the person listed in #7).
9. Social Security number for *applicant* and *spouse* (Copies of cards needed).
10. Medicare number of *applicant* and *spouse* (Copies of cards needed).
11. Date of Birth for *applicant* and *spouse*.
12. Supplemental insurance of *applicant* and *spouse*.
13. Cost of supplemental insurance and/or prescription premium for *applicant*. (Verification must be other than bank statement debit, i.e., letter from company, copy of bill/invoice, payment book)
14. Power of Attorney for *applicant*. (COPY)
15. Income of *applicant* and *spouse*. (COPY of Award Letter and/or Stub) **NOTE: Year-end Tax Documents and Bank Statements ARE NOT accepted by the State as verification of income.)**
16. Real property of *applicant* and *spouse*. (COPY of Tax Notice or Deed)
17. Life Insurance policies for *applicant* and *spouse* (COPY of policies and current cash value.)
18. Vehicles, boats, trailers owned by *applicant* and/or *spouse*.
19. Prepaid **Irrevocable** Funeral Contracts for *applicant* and *spouse*.
20. Bank accounts for *applicant* and *spouse* (**ALL** pages of the last three months of **bank issued statements**. Online activity printouts/screenshots are not accepted by the State.)
21. CD's owned by *applicant* and/or *spouse*.
22. Annuities owned by *applicant* and/or *spouse*.
23. Investment accounts (stocks or bonds) owned by *applicant* and/or *spouse*. (COPY of last 3 months statements.)
24. IRA or other retirement accounts owned by *applicant* and/or *spouse*. (COPY of last statement or last Draw.)
25. Has any money or property been given away in the last 5 years? Over \$500?
26. Has anyone been added to the title of any asset in the last 5 years?