## Nursing Home and Community Based Waiver Programs Check List

This is the type of information that you will need to bring with you when applying for Medicaid. The more information you are able to provide the faster your Medicaid application can be processed.

1. Proof of Age: One of the following documents should be provided to verify your age:  □US Passport □Birth Certificate □Driver's License □Baptismal Certificate □Other	2. Proof of Citizen One of the following documents should be provided to verify you citizenship: □US Past □Birth Certificate □Naturalization Pap □Alien Registration □Final Adoption De □Other	e our ssport ers Card cree	3. Identity: One of the following documents should be provided to verify your identify:  □US Passport □Photo License □Schoo I.D. □US Military LD.	4. Marital Status: One of the following documents should be provided to verify your marital status:  □Marriage Certificate □Separation Papers □Divorce Decree □Spouse's Death Certificate □Other _
In order to verify your Inco copies of all that are applicable  Most recent pay stubs Social Security Check or A Railroad Retirement Check Temp. Disability Check or Pension Checks Unemployment check stubs Support/Alimony Checks o VA check or Award Letter* Reparation Payments Payments from Boarders SSI Award Letter Dividend Checks Federal Income Tax Return including schedules: Schedule C - Net Pr Schedule D - Capita Schedule E - Rental	le: applicable:  ward Letter* or Award Letter* Award Letter*  r Court Order  s rofit from Business al Gains Real Estate  aced in a nursing facil	To pr Resot 36 ma all ac and 5 Che Stoc Amo IRA IRA Mor Deed Mor Chri Buri Spec Life Trust Sh durin	cking Acct Statements   ks or Bonds   General Statements   General State	copies of all that is tatements for and December for years .4  Savings Acct Statements Certificates of Deposit List of Valuables (jewelry, Trusts or other Financial Instruments Annuities Property Proceeds Prepaid Funeral Contracts
<ul> <li>Mortgage Statements</li> <li>Electric Bills</li> <li>Telephone Bills</li> <li>Outstanding Loans</li> <li>Other</li> </ul>	☐ Gas I Oil☐ Connecti	ate Tax Bil I Bills ion Charge Isurance B	$\Box$ Water $I$ s $\Box$ Home $I$	ceipts Sewer Bills Renter's Insurance Medical Bills (past 3 months)