

The documentation requested below is required in accordance with New York State Social Services Law. The failure to comply with providing any of the supporting documentation may lead to a Medicaid denial.

A. Proof of identity and family relationships

- Social Security Card
- Medicare card
- Health insurance and prescription coverage cards
- Birth or Baptismal Certificates
- Marriage Certificate (Only if spouse is alive)
- Death Certificate of Spouse

B. Residency and Living arrangement

- Real Estate information if residence is owned (deed)
- Closing papers on property sale
- Existing nursing home contract, if any
- Current nursing home invoice
- Support payments – divorce or separation papers

C. Income

- Pay Stubs for previous eight (8) weeks
- Current year award letter or monthly statement for the following benefits:
- Social Security
 - Veterans
 - Pensions
 - N.Y.S. Disability
 - Worker's Compensation
 - Current year evidence of income (RMD) from IRA or other retirement account

D. Tax Information

- Form 1040 Income tax returns (past 3 years)
- Form 1099 for any interest, dividends, or other income for the last 3 years

E. Resources - All bank statements for the past 60 months including *closed accounts*.

Please be informed, in the event that there are any transaction (checks written, withdrawals or deposits) that exceed \$999.00, an explanation must be provided. Specifically, we will require check images, documented explanation of cash withdrawals and the source of all deposits. In the event there are cash withdrawals, or checks payable to cash, the likelihood exists that the County will treat them as prohibited transfers (penalties).

***IMPORTANT* THE DATE SET FORTH BELOW IS A HARD DEADLINE. IF WE DO NOT RECEIVE ALL INFORMATION (statements for all financial accounts, open or closed, life insurance policies, real property values or any other account listed under section “E” and explanations of financial transactions) BY THIS DATE, THE APPLICATION WILL BE SUBMITTED ONE MONTH LATER.**

***All financial institution statements (all pages of statements are required), along with all transaction explanations, must be provided by _____ in order to submit the Medicaid application by _____.**

- _____ Checking account statements for the past 60 months
- _____ Stock broker statements for the past 60 months
- _____ Mutual fund statements for the past 60 months
- _____ Statements for IRA accounts for the past 60 months
- _____ Statements of Qualified Retirement Accounts (Non-IRA) for the past 60 months
- _____ Statements of annuities for the past 60 months
- _____ A letter from each life insurance company indicating the following information with respect to the policy: face value, death benefit, cash value
- _____ Long-Term Care Insurance Policies
- _____ Bonds - if in a brokerage account each statement for the past 60 months
- _____ Any Notes or Mortgages receivable by you with amortization schedule
- _____ Proof of Health insurance premiums
- _____ Deed to burial plot
- _____ Proof of irrevocable pre-paid funeral account

F. Other

- _____ Power of Attorney
- _____ Title to automobiles
- _____ Trust documents

Please be advised, in the event that it is necessary to liquidate assets, the Ward Law Firm assumes no responsibility with regard to potential tax liability associated with the same. It will be your responsibility to ascertain the tax implications associated with the liquidation of assets.

To the best of my knowledge, the assets and income, set forth on this Medicaid document list is an accurate disclosure of the same. I do understand that it is my duty to provide all statements, related to any such accounts, which are currently open or that may have been closed within the five-year look-back period. I also understand that all transaction explanations must be provided to the Ward Law Firm within the time-frame requested. I have been informed that if these requests are not met, it may cause the Medicaid application to be submitted later than originally expected.

Lastly, I understand that it is my duty to inform the Ward Law Firm of any change regarding the applicant's stay/placement in the nursing home. Specifically, in the event that the applicant leaves the nursing home facility, due to a hospital stay, which leads to another entity paying for the applicant's cost of care (Medicare paying for rehabilitation), I will immediately inform the Ward Law Firm of such as any decrease in the cost of care will directly affect the month in which a Medicaid application may be submitted.

(Applicant's Representative)