

LANDSKIND & RICAFORTE LAW GROUP, P.C.

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• Also admitted in New Jersey

■Also admitted in New Jersey and Florida

Checklist of Items Necessary for a Medicaid Application

Check one of each unless otherwise noted

PROVIDE DOCUMENTATION FOR BOTH SPOUSES (even if only one applying)

<u>Proof of Citizenship</u>	Bank Statements
□ Passport	☐ Current bank Statements for all accounts
☐ Birth Certificate (REQUIRED)	(should be dated within 2 months for Home Care or 5
☐ Naturalization Certificate	years for Nursing Home) (30 months for Home
	Care may start in July 2022)
☐ Green Card	☐ Account Balance Statement
☐ Drivers ID (NOT IDEAL)	
	Other Assets (select all that apply)
	☐ Stock/Bonds
Proof Of Social Security Number	☐ Life Insurance (Cash Value)
☐ Social Security Card	☐ Annuity (not receiving distributions)
□ 1099 from Social Security	□ Other:
Proof of Medicare Number	Proof of Residence
☐ Medicare Card (Red, Blue, White Card)	☐ Utility Bill - showing complete address
☐ Social Security Award Letter	☐ Lease/Deed/
(if claim # is shown on letter)	☐ Letter from Landlord/owner of residence
	☐ Rent/Maintenance bill or receipt
Proof Of Marital Status	
☐ Marriage License	Housing Costs (application can be submitted without this)
☐ Ketubah	□ Lease/Deed
☐ Letter form Clergy Member Stating They are married	☐ Letter from Landlord/owner of residence
☐ Divorce Decree	☐ Rent/Maintenance bill or receipt
☐ Death Certificate of Spouse	(Showing complete address)
☐ Never Married	
	Spousal Refusal Cases Only
Proof of Income (select all that apply)	(needed from refusing spouse)
☐ Social Security Award Letter	□ Income
☐ Proof of Pension	□ Assets
☐ Proof of IRA Distribution	
☐ Proof of Holocaust Pension (if applicable)	Power of Attorney Form (if applicable)
☐ Income Tax Returns (last 5 years for nursing	☐ NYS Power of Attorney (POA)
home/or most current for home care)	☐ Statutory Gift Rider
Supplemental Health Insurance	Signed Documents Required
(Both are required if applicable)	☐ Four (4) documents requiring signatures
☐ Proof of Frequencies -	
☐ Proof of Payment	