

COPIES NEEDED FOR ASSET AND INCOME SAVING CONFERENCE

Please do NOT give our office originals of your document

- Before making copies, please number all documents in the bottom right corner. This will help us when talking to you about the paperwork because we can refer you to a specific page number.
- Please go to your local copy shop to make a copy of each item requested.
- If you need our office's assistance in making copies, there will be a \$1.00 per page charge after 20 copies with a \$50.00 minimum copy charge.
- Please mark boxes: **ENCLOSED OR N/A** (for not applicable). DO NOT USE X'S, CHECK MARKS OR DASHES
- Please only copy on 1 side of the paper.

Today's Date: _____ Client: _____

<i>Please provide copies of the following:</i>	Medicaid Applicant	Spouse
EXAMPLE: Driver's License	N/A	Enclosed

I. DHS Information		
<i>Medicaid Application:</i> If you have already contacted DHS, please provide a copy of the Medicaid Application and all supporting documents given to DHS. If DHS took the only copy, please go obtain a copy from DHS together with the supporting documents. If you have not contacted DHS yet, do NOT do so before you meet with the attorney.		
Any DHS program: If you have applied for or are receiving <u>any</u> DHS benefits, please provide a copy of the application, copies of supporting documents you gave to DHS and a copy of the letter or notice(s) approving you for the benefits. (Other DHS programs include but are not limited to: Daily Living assistance, Advantage Waiver Assistance for at-home care and prescriptions, Food stamps, QMB, Personal Care Assistance, etc.)		
CORRESPONDENCE/LETTERS: If DHS has sent you any letters or you have mailed/delivered letters or documents to DHS, please provide copies.		

II. Personal Documents		
Social Security Card(s)		
Social Security statement of benefits: If you are under the age of 65 and received a statement of Social Security earnings and estimated benefits, please provide a copy.		
Medicare Card(s): Please copy front and back: MUST HAVE FOR DHS		
Copy of Driver's License or government issued picture I.D.		
Medicare Part D Card (s): Please copy front and back: MUST HAVE FOR DHS *VERY IMPORTANT: If the Medicaid Applicant is on Medicare and does not have Medicare Part D coverage, apply for it <u>immediately</u> . Medicare Part D has		

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enrollment periods, but if you are in a nursing home, you should be able to apply anytime. Part D coverage begins the month after your application. You MUST have Part D coverage for full prescription payment when Medicaid begins!!		
Health Insurance Card(s): Please copy front and back		
Citizenship: Birth certificate OR proof of immigration / citizenship status of anyone born outside the U.S.		
Veteran: Copy of discharge – front and back (indicating dates of service, service-related injuries, etc.) Please provide copy of DD214		

III. Nursing Home Documents		
Admission Agreement: Including all documents signed or to be signed upon entry into the nursing home. If you have not signed documents with the nursing home yet, do not do so before you meet with the attorney. If you have signed documents and do not have copies, go obtain copies from the nursing home.		
Current invoice from Nursing Home (when available)		
Cancelled check(s) paid to the Nursing Home		

IV. Income Verification		
Income Tax Return: Copy of the last 3 years returns with supporting schedules and 1099s for last year. If Income Tax Returns have not been filed, please provide copies of all 1099s for last year received from all institutions indicating interest, dividends, retirement distributions, income, etc.		
Earned Income: All check stubs for the previous three months and/or current month, or a signed statement from your employer verifying gross wages.		
Self Employment Income: Your latest income tax return, with appropriate schedules. If you do not file, then proof of income and receipts for expenses for the previous twelve months and current month.		
Unearned Income: Social Security: (This year's AWARD LETTER showing amount of benefit and deductions. This is NOT the 1099 for last year's social security.		
Retirement / Pension Plan(s): (This year's benefits notice indicating the gross amount and any deductions or a statement on their letterhead indicating this information.)		
Civil Service: (This year's benefit notice indicating the gross amount and any deductions. If deductions are numbered, please make copy of the explanation list that corresponds with the numbers)		
Annuity(s)		
Rental Income: Your latest income tax return, with appropriate schedules. If you do not file, then proof of income and receipts for expenses for the previous twelve months and current months.		
Loan(s) or Mortgage(s) Receivable		
Disability		
VA – must have a benefit notice indicating the gross amount and any deduction		

<i>Please provide copies of the following:</i>	Medicaid Applicant	Spouse
Child Support		
Unemployment Benefits		
Workers Compensation		
Mineral / Oil Royalty Income (Please provide copies of previous year's 1099s for each company and please match up the 1099s with the legal description for the corresponding mineral interest if you own several interests.)		
Other		

V. Insurance Policies: (Provide copy of insurance cards and provide information regarding the dates, persons covered, amount of premiums paid, and policy numbers. In addition, also provide written verification of the premium for EACH policy).		
Medicare Part D: (Provide copy: Policy, insurance cards, and written verification of premium)		
Health Insurance: (Provide copy: Policy, insurance cards, and written verification of premium)		
Medicare Supplement: (Provide copy: Policy, insurance cards, and written verification of premium)		
Ambulance Insurance: (EMSA card)		
Automobile Insurance: Provide coverage statement (not the premium notice)		
Homeowners Insurance: Provide coverage statement (not the premium notice)		
All Life Insurance: (Provide policy, beneficiary designation, and MUST have current <u>cash value</u> on the company letterhead. You can have this information faxed directly to our office if desired at 330-787-0283) YOU SHOULD DO THIS IMMEDIATELY because sometimes they will only mail this to you and it can take awhile.		
Long Term Care Insurance: Provide copy of policy and premium statement.		
Disability Insurance: Provide copy of policy and premium statement.		

VI. Prepaid Funeral		
Funeral: Revocable and Irrevocable Funeral Trusts, Prepaid funeral contracts, burial policies and insurance.		
Deed(s) for Cemetery Lot(s)		

VII. Assets		
Home: Deed; Mortgage; Fair Market Value. (Provide the county assessor's valuation notice AND tax assessment notice for this property)		
Other Real Estate: Deed(s); Mortgage; fair market value of any real estate you own other than your home (Provide the county assessor's valuation notice AND tax assessment notice for this property)		

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Minerals: If mineral / royalties are owned on any property on which you do <u>not</u> own the surface interest, you MUST provide a copy of your mineral deed or the probate court order (if inherited) indicating your ownership of the minerals. If you own an interest in a well, please provide a copy of the Assignment.		
Bank Statements:		
Account statements for the three most current months of all accounts (checking statement <u>WITH COPIES OF CHECKS</u> , savings, and/or credit union accounts). Please note that some DHS case workers require 6 to 12 months of account statements, so please collect the last 12 months of account statements and have them available for the case worker.		
Copy of ownership cards from the bank showing exact title to account, joint tenants, payable on death, beneficiaries, etc.		
As you receive additional statements each month while you are working with us, please make a copy and drop it in the mail to us.		
Brokerage/Mutual Fund Statements: Same as Bank Statements		
Bond(s): Including U.S. Savings Bonds. If possible, please also provide values of Savings Bonds. To obtain values please visit www.publicdebt.treas.gov/sav/savcalc.htm Click on the “get started” link. In the window that opens, please enter the information requested in each space and click add after each bond is entered. Once all bonds have been entered, please print the values for our records.		
Stock(s): Certificates and / or brokerage account statements for the past 3 months.		
IRA(s): Contracts and beneficiary designations		
Annuity Contract(s): Copy of contract and current surrender value		
Mortgage and/or Promissory Notes owing TO you or your spouse. Copy of Note, Mortgage if any and amortization schedule and current payoff amount.		
Safe Deposit Box – must be inventories by bank personnel		
Account(s) Receivable: If you have loaned money to anyone, please provide documentation of the loan and the current outstanding balance. If there is a meeting associated with the loan, please provide a copy.		
Others: Specify: _____		

VIII. Transfers & Gifts:		
Gifts: Please provide copy of cancelled check(s) for any gifts over \$1900 given away in the past 5 years by you or a Trust in which you may have an interest. A gift could be of cash, real estate, a vehicle, forgiving a debt owed to you, etc. Also selling real estate or a vehicle to your child, for example, for less than fair market value is a gift. Example: A car worth \$5,000 sold to your son for \$2,000 is a \$3,000.		
Sales / Cash In's: If you have sold anything of value in the past 5 years such as a car or a house or cashed in a life insurance policy or a CD (or rolled a CD), please provide documentation of the proceeds received and where they were deposited.		
Returns / Payments: If anyone has returned money to you from a gift you gave		

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them please provide documentation. If anyone has paid your expenses such as nursing home expenses, doctor or prescription bills, or any other significant expense, please have them provide copies of their cancelled checks.		

IX. EXPENSES		
Mortgage Payment / Statement showing current balance		
Medical Expense: Current bills showing balance owed on medical debts also including prescription receipts for the last three months, if available. Also make a list of all prescriptions and a description of the ailment for which they are taken.		
All debts: Credit card statements, family loans, etc.		
Other: Specify _____		

X. Other Documents:		
Will(s)		
Trust: All papers relating to any Trust for which the Applicant or Spouse is a Trustor or Beneficiary, Special Needs Trust, Testamentary Trusts and Amendments to Trust.		
Health Care Power of Attorney(s)		
Living Will(s)		
DNR (Do-Not-Resuscitate)		
Pre/Post Nuptial Agreement(s)		
Divorce or Legal Separation: Copy of Order/Decree		
Durable Power of Attorney		
Guardianship: Copy of Order and Letters of Guardianship		
If Married: Copy of Marriage License		
Photo: Please provide a picture of your family member for whom we are beginning Medicaid planning. This picture will be returned to you at the initial conference. We like to see who we are helping. It helps us put a face with the name. Thank you.		
Other, Specify _____		

Notes: