



Bayview Economic Solutions Team, LLC  
 130 Orinoco Drive  
 Brightwaters, NY 11718  
 631-665-6475 Phone 631-665-8652 Fax

**COURTESY MEDICAID CHECKLIST**

**More Information may be required**

*This Checklist is meant to be a guide for application & recertification for Medicaid services. \*\**

Client/Patient Name		Pick Up Date wanted		
Power of Attorney Name (Be sure to sign all documents as P.O.A.)		Appl. Date		
<b>ITEM NAME</b>	<b>NOTES</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
<b>SECTION 1: IDENTITY</b>				
Birth or Baptismal certificate				
Social Security card				
Marriage certificate				
Death Certificate for Spouse				
Drivers License				
<b>For each family member not born in the USA: (submit one of the following)</b>				
Certificate of Naturalization				
Passport and/or Visa				
Alien registration card (referred to as a Green Card)				
Document from the Immigration and Naturalization Service				
Name and address of sponsoring citizen				
<b>SECTION 2: LEGAL</b>				
Durable Power of Attorney	Date:			
Health Care Proxy (Medical Power of Attorney)	Date:			
Living Will	W/ DNR			
Will (Estate Will)	Date:			
Trusts	Date:			
<b>SECTION 3: RESIDENCE</b>				
Deed(s) from any & all residences				
Life Estate				
Bill or statement verifying residence in Nursing/Assisted Living Facility				
Mortgage statement, property and school tax bills, Homeowners insurance				
Written statement from relative regarding your contribution toward household				
Expenses if you are living in someone else's home.				



**SECTION 5: RESOURCES ( Continued)**

<b>Retirement Accounts</b>				
<b>Brokerage Accounts</b>				
<b>Stocks</b>				
<b>Life Insurance</b>				
<b>Bond Certificates</b>				
<b>Copies of U.S. Savings Bonds</b>				
<b>Annuity Statements</b>				
<b>PRE NEEDS TRUST - Funeral Account</b>				
<b>TAX RETURNS or Letter of NON-Filing if not required to file tax returns List all years</b>	<i>List all amounts for Patient for each 1099R's / W-2's / SSA-1099's</i>			
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	-			
	-			
	-			
	-			
Motor vehicle registration (auto, boat, trailer, mobile home)				
Information of any transfer of resources within last 60 months (copy of deed, statement from parties involved, papers showing change in ownership of bank accounts, stocks, bonds or any other resource).				
Copy of Trust if applicant is the Settlor, Trustee or Beneficiary, papers must include entire trust agreement and schedule of all assets in trust for <b>5 years</b>				
<b>SPOUSAL REFOUSAL LETTER:</b>	<i>Must be filed with Medicaid Application</i>			



*Remember to also note phone conversations*

NOTES	NOTES			

**APPLICATION PROCESSING:**

Your Rights when applying for Medicaid, Informal Conferences or Fair Hearings can be found at the  
New York State website:  
[http://www.health.ny.gov/health\\_care/medicaid](http://www.health.ny.gov/health_care/medicaid)

**NAMI CALCULATION =**

Net Income- Medical Premiums - Allotted Approved Medicaid Income	Ask the Nursing Home how much of the monthly income (NAMI) is required to be paid to them.			
<b>Appointment Letter if REQUESTED (Medicaid Drop Off or Mail in)</b>				
Verification of all Payout Status' to Medicaid Pay out Table				

If you have any questions, please feel free to contact LISEC

The Long Island Senior Education Council is a not-for-profit organization. By working in partnership with other other organizations,  
LISEC is able to bring you this checklist and other important information.

LISEC does not provide legal, tax, investment advice.

However, we are able to provide the research and resources that may help you make confident decisions about your future.

**Call LISEC at 631-665-7057 for more information.**