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PRACTICING EXCLUSIVELY IN:

ELDER LAW
ASSET PROTECTION
MEDICAID & NURSING HOME PLANNING
ESTATE PLANNING
DISABILITY PLANNING
MEDICAID APPLICATIONS
GUARDIANSHIP
WILLS & TRUSTS
ESTATE ADMINISTRATION

Initial Meeting Checklist for Medicaid Applicants

Documents to Bring In:

If Applicant's name or Spouse's name appears anywhere on the title or document, please bring it in and we will determine whether it is relevant to the Medicaid application.

- Copies of MOST CURRENT Bank Statement:
 - For all OPEN accounts, including checking, savings, certificate, etc.
 - For all accounts CLOSED anywhere in the last SIXTY (60) months

- Copies of MOST CURRENT Stock Broker Statements
 - For all OPEN accounts
 - For all accounts CLOSED in last SIXTY (60) months

- Last check stub for Applicant and Spouse from: Social Security, Veterans Administration, Civil Service

- Life Insurance Policies for Applicant and Spouse and statements showing 'cash surrender values' for each policy

- Long Term Care Policy for Applicant and Spouse

- Supplemental Health Insurance Policy and Card and recent Bill for Premium showing the premium amount attributable to Applicant and amount attributable to Spouse

ADDITIONAL OFFICES:

AVENTURA: 20801 BISCAYNE BOULEVARD, SUITE 304, AVENTURA, FL 33180 ■ (305) 682-8330
WEST PALM BEACH: 777 SOUTH FLAGLER DRIVE, SUITE 800, WEST PALM BEACH, FL 33401 ■ (561) 805-9533
WESTON: 2843 EXECUTIVE PARK DRIVE, WESTON, FL 33331 ■ (954) 726-1214



- Annuity Policies for Applicant and Spouse and statement showing current value and distribution amount, if annuitized
- Stock Certificates, Bonds, CDs, US Government Treasury Bonds, Municipal, Individual Retirement Accounts (IRAs), or any other deferred comp plans, for Applicant and Spouse showing gross and net payments
- Copy of any special burial bank account for Applicant and Spouse
- Copy of any prepaid burial or cremation contract for Applicant and Spouse
- Copy of Cemetery Plot Deed for Applicant and Spouse
- Copy of Deed to primary residence and last real estate Tax Bill and Homeowner's Policy Premium. If condominium, need maintenance fee coupon(s) or proof of monthly charge.
- Copy of Deed to any other real property in Applicant's name, in Spouse's name, or joint names of Applicant or Spouse with any other person along with tax bill
- Copy of any Mortgage and/or Promissory Note OWING TO Applicant or Spouse
- Copy of any title(s) issued by Department of Motor Vehicles: i.e. auto, mobile home, boat, trailer, truck, van, recreational vehicle, or other registered to Applicant or Spouse
- Birth Certificate or other proof of citizenship (naturalization papers, religious records) for Applicant and Spouse
- Copy of Marriage License if currently married
- Copy of Military Discharge Papers for Applicant and Spouse
- Social Security card(s), Medicare Card(s), and supplemental insurance card(s) for Applicant and Spouse
- Driver's License of applicant and spouse
- Unpaid Medical Bills

- Current Nursing Home Statement showing Date of Admission and Daily Rate - CONTINUE TO PROVIDE COPIES EACH MONTH AS WE PREPARE THE CASE
- Current Will, Trust, Power of Attorney, or Other Estate Planning Document for Applicant and Spouse
- Copies of "Schedule B" from your Income Tax Returns and Intangible Tax Returns for the past SIXTY (60) months
- Copy of a wedding picture or picture of applicant from their early years - this helps us to personalize the representation

If you do not have access to a copy machine, bring in the originals and we will make the copies for you. You can return later to pick up the originals after we have had the opportunity to make the copies. We have found that the copying is very time-consuming and we may not be able to accommodate you immediately.

IF ANY ASSETS HAVE BEEN TRANSFERRED OR GIFTED WITHIN THE LAST SIXTY (60) MONTHS, IT IS CRITICAL THAT YOU BRING DETAILED INFORMATION ABOUT ALL SUCH TRANSFERS. IF ANY BANK HAS CHANGED NAMES WITHIN THE LAST SIXTY (60) MONTHS AND THE ACCOUNT NUMBER CHANGED, IT IS CRITICAL THAT YOU BRING DETAILED INFORMATION ABOUT OLD OR PREVIOUS NUMBERS ON THE ACCOUNT(S).

I understand that it is my responsibility to disclose, correct and complete information about all of the applicant's circumstances that relate to eligibility for Medicaid. I hereby attest that the information I have supplied is complete and accurate to the best of my knowledge. I realize that any changes in the Applicant's circumstances that might affect Medicaid eligibility must be reported as soon as possible.

SIGN: _____

DATE: _____