## Medically Needy Program Check List

This is the type of information that you will need to bring with you when applying for the Medically Needy Program. The more information you are able to provide, the faster your Medicaid application can be processed.

1. Proof of Age: One of the following documents should be provided to verify your age:  ☐US Passport ☐Birth Certificate ☐Driver's License ☐Baptismal Certificate ☐Other ☐Other	2. Proof of Citizensl One of the following documents should be provided to verify you citizenship:  US Passport  Birth Certificate  Naturalization Pap  Alien Registration  Final Adoption De  Other	e cour	3. Identity: One of the following documents should be provided to verify your identity:  US Passport Photo License School I.D.  US Military I.D.	4. Marital Status: One of the following documents should be provided to verify your marital status:  ☐ Marriage Certificate ☐ Separation Papers ☐ Divorce Decree ☐ Spouse's Death Certificate ☐ Other
5. Income		6. Fin	ancial Resources	
In order to verify your <b>Income</b> , please provide <u>copies</u> of all that are applicable:		To provide the most accurate picture of your <b>Financial Resources</b> , you must provide <u>copies</u> of all that is applicable:		
☐ Most recent pay stubs		☐ Checking Acct. Statements ☐ Savings Acct. Statements		
☐ Social Security Check or Award Letter*		☐ Stocks or Bonds ☐ Certificates of Deposit		
☐ Railroad Retirement Check or Award Letter*		$\Box$ Amount of Cash on Hand $\Box$ List of Valuables (jewelry, etc.)		
☐ Temp. Disability Check or Award Letter*		$\Box$ IRA	A, 401K, 403B, Keogh □ Ti	
□ Pension Checks			Accounts	Instruments
☐ Unemployment check stubs		☐ Money Market Accounts ☐ Annuities		
☐ Workers Comp.check stubs		☐ Deeds to Property Owned ☐ Property Proceeds		
□ Support/Alimony Checks or Court Order				repaid Funeral Contracts
□VA check or Award Letter*		☐ Christmas/Vacation Clubs ☐ Credit Union Shares		
☐ Reparation Payments		☐ Burial Plot Information ☐ Funds set aside for Burial		
☐ Payments from Boarders		<ul> <li>□ Special Needs Trusts</li> <li>□ Life Insurance Policies with Cash Value Statement</li> </ul>		
☐ SSI Award Letter ☐ Dividend Checks		Life Insurance Trust Shares		
☐ Federal Income Tax Returns				
including schedules:	11115		er	
C	Profit from Business			
☐ Schedule D – Cap				
☐ Schedule E – Rer				
	ertner's Share of Income	•		

\*Award Letter Preferred

 $\square$  Other

The Medically Needy Program provides limited medical coverage to disabled or aged individuals who do not qualify for other Medicaid programs due to excess income or resources. This program features a spend-down provision, in which documented medical expenses and nursing home costs can be used to reduce your monthly income and to meet the program's limits (currently: \$367.00/month in income and \$4,000.00 in resources for an individual, and \$434.00/month in income and \$6,000.00 in resources for a couple). For your information, a hospital bill paid by Charity Care is considered unpaid for the purposes of the Medically Needy Program. Please Note: You must apply for the Medically Needy Program every six months.