

**MEDICAL ASSISTANCE ADMINISTRATION  
CHRONIC CARE REDI-REFERENCE GUIDE  
Application of Need for Medical Assistance**

When you apply for Medical Assistance you must complete the appropriate Application form. You must also submit the appropriate documentation to verify each statement made by you on your Application form. A determination concerning your eligibility cannot be made without this documentation. The following lists some types of documentation you may provide. Submit those that apply.

**Section 1: RESIDENCE:** Submit one of the following for all addresses the applicant resided at for 60 months prior to entering the Nursing Home.

- . Copy of deed, tax bills, if applicant and/or their spouse owned a house.
- . Leases, rent receipts.
- . Statement from landlord indicating dates of residence.
- . Statement from Adult Home/Assisted Living indicating dates of residence and proof of residence prior to entering the Adult Home/Assisted Living.

**Section 2: CITIZENSHIP/IDENTITY:** (\*\*satisfies proof of both)

- . U.S. Passport\*\* (original document required)
- . Naturalization Papers \*\* (original document required)
- . Certificate of Citizenship \*\* (original document required)
- . **Medicare Card\*\***
- . Birth Certificate (proves citizenship only – original document required)
- . Valid Drivers License or other government issued identification with same information included on a drivers license (proves identify only – original document required)
- . Religious record recorded in the U.S. within 3 month of birth showing a U.S. place of birth and either The date of birth or the individual's age at the time the record was made (original document required)
- . See attached for additional acceptable documents

**IMIGRATION STATUS:** if applicable

- . Permanent Resident Alien card (I-551)
- . Arrival Departure Record (I-94)
- . Employment Authorization Card (I-688B, I-766, I-797)
- . Documentation from United States Citizen Immigration Services

**Section 3: PERSONAL INFORMATION:** Submit all that apply for the applicant:

- . Social Security Card
- . Medicare Card
- . Health Insurance Cards
- . Military Papers
- . Marriage Certificates
- . Divorce Decree
- . Separation Agreements
- . Spouse's Death Certificate

**Section 4: INCOME:** Submit all that apply for both the applicant and their spouse:

- . Award letter, check stub, or statement from the issuing Agency or Company showing gross monthly Income, all deductions and net income.
  - Social Security
  - Railroad
  - Retirement Benefits (pensions)
  - New York State Disability Benefits

**Section 4: INCOME – (Continued)**

- Workmen's Compensation Benefits
- Veteran's Benefits
- Private Disability, Accident Insurance/No Fault
- Union Benefits
- Unemployment Benefits
- Long Term Care Insurance Benefits
- . IRA/Annuity Distributions
- . Pay stubs for previous four (4) weeks or statement from employer listing gross income and all Deductions for last 4 weeks.
- . Alimony received
- . If self-employed, copy of most recent income tax return and current year profit and loss statement.
- . Document amount of income received from rent and rental expenses.
- . Any other source of income.

**Section 5: RESOURCES: Submit all that apply for both applicant and their spouse.**

- . Bank Book or Bank Statements for ALL accounts that were *open or closed for 60 months prior to the need for benefits.*, including:
  - Savings and Checking Accounts
  - CD's
  - Credit Union Accounts
  - Brokerage and/or Stock Accounts
  - IRA's
  - Annuities
- . Stock and Bond Certificates
- . Copies of US Savings Bonds
- . Pre-paid Funeral Arrangements
- . Life Insurance Policies with statement of current face and cash values
- . Copies of last 5 years of Tax Returns including all schedules, W2s, and 1099s.
- . Motor Vehicle Title and Registration (Auto, Boat, Trailer, Mobile Home)
- . Real Estate Deeds or past 5 years tax bills
- . Information of any transfer of resources within the last five years (Copies of deeds and Fair Market Value at the time of transfer, statements showing change of ownership)
- . Copy of Trust if Applicant or Spouse is Settlor, Beneficiary, or Trustee and copies of Trust's tax returns for the last five years

**Section 6: FINANCIAL DOCUMENTATION:**

- . Document the purpose of all withdrawals of \$2,000. or more. Provide copies of cancelled checks if applicable. If requested, you will be required to document specific withdrawals of lesser amounts.
- . Document the source of all deposits other than income with copies of deposit slips and copies of any checks deposited.

**Section 7: HEALTH/MEDICAL:**

- . Verify any Health Insurance premiums and provide proof of payment of premium.
- . Copies of unpaid medical bills for which the doctor, lab, or hospital is still seeking payment.
- . Copies of paid medical bills within the past 3 months with proof of payment.

All medical bills must show date of service and that Medicare and private health insurance have paid their portion.

**Si desea un copia del siguiente en espanol, haga el favor de pedirlo.**