

**DOCUMENTATION FOR MEDICAID APPLICATION**

**LIST OF VERIFICATIONS NEEDED  
FOR MEDICAID APPLICATION**

**Enclosed   Not Applicable   Document Requested**

Copy of birth certificate (husband and wife);

Copy of marriage certificate (if currently married);

Copy of Naturalization papers, if applicable;

Copies of life insurance policies and statements verifying cash surrender values for both Husband and wife);

Copies of any real estate deeds;

Copy of most recent property tax bill and mortgage bill, if any;

Copy of most recent utility bills

Copies of any trusts, wills and powers of attorney;

Copies of bank account, stock, bond, IRA and annuity statements going back 2 months and be prepared to provide statements going back 3 years (36 months) for any accounts with either or both of husband and wife;

Explanation of any deposits or withdrawals of \$500 or more;

Copy of Social Security card and check, bank statement or other statement showing current Social Security benefit for husband and wife);

Copies of health insurance cards including Medicare and any supplemental policies (also verification of premium) for both husband and wife;

If applicant rents, a copy of most recent rent receipt;

Copy of homeowners/renters insurance;

Copy of monthly income checks, or statement from income sources (Social Security, pensions, etc.) to verify gross income and monthly deductions for both husband and wife;

Listing of all contents of safe deposit box;

**Enclosed   Not Applicable   Document Requested**

Copy of automobile registration and statement of current miles;

Copy of burial/funeral arrangements and burial plot contracts, if any for both husband and wife;

Copies of income tax returns for last two years ONLY IF LATER REQUESTED;

Signed Authorized Representative Form;

Statement from nursing home verifying amount of money privately paid, date of admission and level of care;

Statement from nursing home verifying personal needs account balance;

If you or your spouse are a veteran, an original or certified copy of DD214 or other separation papers for all periods of service

List all admission and discharge dates of prior hospitalization, nursing home stay, and residential facility stay.

List all admission and discharge dates for physical therapy, occupational therapy, speech therapy, in-home care, adult day care, and respite care.

Copies of all outstanding, current, credit card statements.

A written statement of any gifts made to anyone, other than a spouse, since July 1, 2006. This includes any gifts over the sum of \$500 in any month. The list must include the amount (or item), to whom and when made.

Did the applicant sell or transfer any vehicles since July 1, 2006, if so, please provide information on the make, model, year and mileage of the vehicle, to whom it was transferred and the date of the transfer (or sale).

Did the applicant sell any real property (home, land, second home, timeshare) since July 1, 2006. If so, please provide a copy of the settlement statement.

Please call Allison Ward if you have any questions about the information requested:

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