



**We do 1 thing and  
we do it better than  
anyone.....Medicaid™**

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[www.mymedicaidplus.com](http://www.mymedicaidplus.com)

**855.471.6771**

**The following information is necessary in completing the Medicaid application. The more documentation provided the quicker the processing time.**

**Please provide at least one document from each of the following categories:**

**1. Proof of Age:**

- US Passport
- Birth Certificate
- Driver's License
- Baptismal Certificate

**2. Proof of Citizenship**

- US Passport
- Birth Certificate
- Naturalization Papers
- Alien Registration Card
- Final Adoption Decree

**3. Identity**

- US Passport
- Photo License
- School ID
- US Military ID

**4. Marital Status**

- Marriage Certificate
- Separation Papers
- Divorce Decree
- Spouse's Death Certificate

**Please provide all applicable documents from the following categories**

**5. Financial Resources**

**All Data Applicable to Resources owned in the last 5 years**

- Checking Account Statements
- Savings Account Statements
- Money Market Accounts
- Certificates of Deposit
- Credit Union Accounts
- Stocks or Bonds
- Annuities
- IRA, 401K, 403B, Keogh Accts
- Title to Automobile & Value
- Deeds to Property Owned and Listing Agreement
- Property Proceeds / HUD-1
- Mortgages
- Special Needs Trusts
- Life Insurance Policies with Cash Value Statement
- Burial Plot Information
- Prepaid Funeral Contracts

**6. Income**

- Most Recent Pay Stubs
- Social Security Award Letter
- Railroad Retirement Award Letter
- Temp. Disability Check Or Award Letter
- Pension Statement
- Unemployment Check Stubs
- Support/Alimony Checks Or Court Order
- VA Award Letter
- SSI Award Letter

**7. Other**

- Social Security Card
- Medicare Card
- Additional Insurance Cards
- Insurance Premium Bill or Payment Coupon
- Tax Returns – including 1099's

**THE FOLLOWING LIVING EXPENSES WILL BE TAKEN INTO ACCOUNT IF THE MEDICAID RECIPIENT IS PLACED IN A NURSING FACILITY BUT THE SPOUSE REMAINS LIVING IN THE COMMUNITY. PLEASE PROVIDE COPIES OF THE FOLLOWING:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> All Income Verifications<br>(i.e. Social Security Award<br>Letter, Pension Stub, Etc.) | <input type="checkbox"/> Electric Bills        | <input type="checkbox"/> Connection Charges      |
| <input type="checkbox"/> Mortgage Statements  | <input type="checkbox"/> Telephone Bills       | <input type="checkbox"/> Rent Receipts           |
|   | <input type="checkbox"/> Real Estate Tax Bills | <input type="checkbox"/> Water/Sewer Bills       |
|   | <input type="checkbox"/> Gas/Oil Bills         | <input type="checkbox"/> Home/Renter's Insurance |