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ELIGIBILITY CHECKLIST

Snapshot (Date of Admission)

SNH facility:

Hospital (if admitted from):

Documents (Photo of front and back)

- | | |
|---|---|
| <input type="checkbox"/> Photo ID | Marital Status |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Marriage License |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Death Verification |
| <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Divorce Decree |
| <input type="checkbox"/> Supplemental Health Insurance Card | |

Income Verification (Monthly gross income for applicant and spouse)

- | | | |
|--|----------------------------------|--------------------------------|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Pension | <input type="checkbox"/> VA |
| <input type="checkbox"/> Annuity | <input type="checkbox"/> Rental | <input type="checkbox"/> Other |

Insurance

- Supplemental Health Insurance premium
- Life Insurance (Term and Whole Life)
 - Policy(s) with number(s), company name and address
 - Cash surrender value for 3 months

Valuables

- | | |
|---|---|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Vehicle Title/Registration |
| <input type="checkbox"/> Property Taxes | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Deed | <input type="checkbox"/> Property Owner Expenses |
| <input type="checkbox"/> Mortgage | |

Other (Copies of Documents)

- Monthly Bank Statements (applicant and spouse)---Application month and 3 months prior
- Irrevocable Pre-paid Funeral Agreement
- Durable Power of Attorney /Healthcare POA

Household Bills (most current month)

- | | | | | | |
|---|--|---|---|---|-----------------------------------|
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Homeowner Insurance | <input type="checkbox"/> Auto Insurance | <input type="checkbox"/> Rental Insurance | <input type="checkbox"/> Association Dues | <input type="checkbox"/> Lot Rent |
| <input type="checkbox"/> All Medical Bills---Monthly prescription costs and Outstanding Medical bills | | | | | |

- Have you or your spouse transferred, sold or gifted any resources in the past 60 months?
- NO
 YES