



VERIFICATIONS COMMONLY REQUESTED BY DCF FOR MEDICAID

You will need to supply us with the following documents in order for us to process your Medicaid ICP request with the Department of Children and Families (DCF). Failure to provide any of the required documents will result in the applicant being denied benefits. **If the applicant is married, these documents must be provided for both the husband and the wife, individually and/or jointly.** These documents are:

1. APPLICANT'S IDENTITY INFORMATION (IF COPY, FRONT & BACK):

- a. Birth Certificate or proof of age (if available; optional)
- b. Photo I.D.
- c. Proof of US citizenship or alien status
- d. Social Security card or proof of number
- e. Medicare card
- f. All other insurance cards (PROVIDE COPIES OF THE POLICIES AND VERIFICATION OF THE MONTHLY PREMIUM)

2. WRITTEN DOCUMENTATION (STATEMENTS) OF ALL GROSS INCOME AMOUNTS FOR THE FOLLOWING:

NOTE: Documentation must be from the source; tax documentation is inadmissible.

- a. Social Security Proof of Income Letter ("Award Letter")
(SSA Phone Number: 866-716-7667 or <https://www.ssa.gov/benefits/retirement/>)
- b. VA benefits (Contact the VA pension center at 877-294-6380)
- c. Pensions
- d. Annuity income
- e. Proof of application and/or denial for any other benefits available (VA, Black Lung, private pension funds)

3. DOCUMENTS PROVIDED BY THE SKILLED NURSING FACILITY:

- a. 3008 Form

4. PROOF OF ALL LIQUID ASSETS INCLUDING THE FOLLOWING STATEMENTS FOR CURRENT MONTH AND LAST THREE (3) MONTHS:

NOTE: Current COMPLETE statements must be provided until the day your Medicaid application is approved. All non-repeating deposits or withdrawals must be accounted for prior to the submission of the application.

- a. Checking
- b. Savings
- c. CDs
- d. Securities or securities accounts
- e. Money market accounts
- f. Annuities

- g. Life insurance
- i. MUST OBTAIN A LETTER FOR EACH POLICY INDICATING WHETHER THE POLICY INCLUDES ANY STOCK OPTIONS AND THE PRESENT FACE AND CASH VALUE.
- h. Proof of interest earned or dividends paid from any of the above

5. PROOF OF NON-LIQUID ASSETS (INCLUDING BUT NOT LIMITED TO):

- a. Motor vehicles title, registration and insurance
- b. Mobile home title, registration and tax statement (AND LETTER INDICATING FAIR MARKET VALUE)
- c. Home or any real property deed, mortgage, tax statement, insurance statement
 - i. IF THE PROPERTY IS A TIMESHARE, WE WILL REQUIRE A LETTER FROM THE MANAGEMENT COMPANY INDICATING THE PROPERTY'S VALUE, IF ANY.
- d. Copy of mortgages owned by you as well as amortization table
- e. Cemetery lot deeds and contracts
- f. Burial, funeral or cremation contracts
 - i. ENSURE THAT THE CONTRACT IS MADE IRREVOCABLE
 - ii. ASSIGN THE CONTRACT TO A SPECIFIC FUNERAL HOME

6. IF YOU ARE APPLYING FOR THE COMMUNITY SPOUSE INCOME ALLOWANCE, PLEASE PROVIDE:

- a. Proof of rent or mortgage payment
- b. Property tax statement
- c. Proof of homeowner's insurance payments
- d. Utility bills (latest month only)
- e. Proof of condo or homeowners association assessments

7. PROOF OF THE FOLLOWING, IF APPLICABLE:

- a. Durable Power of Attorney or Guardianship Documentation
- b. Qualified Income Trust
 - i. Bank statements and deposit tickets showing amount deposited into trust bank account
- c. Documentary evidence concerning any transfer and/or sale of an asset within 3 years prior to application including proof of the fair market value of the assets transferred or sold.
- d. Photo I.D. for Designated Representative (You)

8. PROVIDED BY THIS OFFICE

- a. DCF Financial Release Form
- b. DCF Appointment of a Designated Representative Form

Should you have any questions or require specific aid in obtaining any of the above information, please contact the office immediately.