



HORACIO SOSA, P.A.

A T T O R N E Y A T L A W

Medicaid Application Checklist

PERSONAL INFORMATION

Name:	
Address:	(If this is a nursing home or assisted living facility, please provide name and date of admission. We will also need prior home address.)
Telephone Number:	
Email Address:	
Date/Place of Birth:	
Social Security Number:	
Primary language:	
Disabled or Blind:	
Citizenship Status:	

FINANCIAL INFORMATION

MONTHLY INCOME

Wages:	
Pension:	
Social Security:	(Please provide effective date and gross amount)
Investments:	
Other:	

ASSETS	
Cash:	
Bank Account(s):	(Please provide name of bank, last 4 digits of account number, account type, account balance, and if its jointly owned with anyone)
Cash Settlements:	
Retirement Accounts:	
Investment/Broker-Held Accounts:	
Stocks/Bonds	
Annuities:	
Other Liquid Assets:	
Sold, Traded, Given Away, or Transferred Assets:	
Life Insurance:	
Prepaid Funeral Contracts:	
Vehicle(s):	
Real Estate (residence):	
Real Estate (other):	
Business Assets:	
Personal Services Contract:	
Did you make any gifts within the last 5 years?	
EXPENSES	
Housing Expenses:	

Utility Expenses:	
EXPENSES (CONTINUED)	
Medical Expenses:	
Medicare:	(Please provide effective date and Medicare number)
Health Insurance:	

DOCUMENT CHECKLIST	
<input type="checkbox"/>	Photo I.D.
<input type="checkbox"/>	Medicare Card
<input type="checkbox"/>	Health Insurance Card (if applicable)
<input type="checkbox"/>	Bank Statements for all accounts
<input type="checkbox"/>	Social Security Award Letter (showing gross amount before deductions)
<input type="checkbox"/>	Personal Services Contract with proof of withdrawal/deposit (if applicable)
<input type="checkbox"/>	Power of Attorney