## CHECKLIST OF DOCUMENTS REQUIRED BY DCF Application for Medicaid

1.	One of the following: birth certificate, driver's license, OR Kansas identification card.
2.	Medicare card(s) for applicant and spouse.*
3.	Health insurance cards, including Medicare card and any supplemental insurance card(s) for applicant and spouse; Copy of statement(s) verifying current premium.*
4.	Medicare Part D insurance card(s) and premium statement(s) for applicant and spouse.
5.	Last three (3) months' bank statements, including checking accounts, savings accounts, credit union accounts, CDs, IRAs, brokerage accounts, any other financial account.
6.	Funeral or burial plans, if any.
7.	Burial plot ownership, if any.
8.	Titles to all vehicles, including boats, trailers or recreational vehicles.
9.	Life insurance policies, long term care insurance policies, and/or annuity contracts: (a) most recent statement showing value and terms of the policy or contract and (b) complete copies of the contract or policy.
10.	Powers of Attorney for business and financial decisions for the nursing home resident.
11.	A list of the community spouse's monthly housing expenses, including rent or mortgage payments, real estate taxes, monthly maintenance fees, and any homeowner's association dues.
12.	The date of the Medicaid applicant's admission into a long term care facility:
13.	If applicable, the date of admission to a hospital immediately prior to transfer to a long term care facility.
14.	Monthly income checks or statement from income sources (Social Security, Railroad Retirement, pensions, trust/annuity income, Veteran's benefits, rental income, mineral income, etc.) along with verification of gross income and monthly deductions.
15.	Any unpaid medical expenses from the last 3 months? If so, please provide statements
16.	Property tax statements indicating appraised value of all real property.
17.	Copies of all real estate deeds.

For most items on this list, copies are sufficient and originals are not required. We can make copies here in our office or you may choose to do that on your own. We do not charge for the photocopies, only the time needed to make the copies.

\* Please note that DCF requires a copy, front and back, of Medicare and all other health insurance cards for the applicant and his/her spouse.