

Jordan Balkema Elder Law Center, PLLC

MEDICAID QUALIFICATION CHECKLIST - SINGLE PERSON

**PLEASE PROVIDE WRITTEN VERIFICATION
OF ANY OF THE FOLLOWING ITEMS THAT APPLY TO YOU**

Drivers License _____

Birth Certificate _____

Medicare Card _____

Health Insurance Card
(front and back) _____

Bill for Health Insurance _____

Social Security Card _____

Trust Agreements _____

Power of Attorney _____

Name of Skilled
Nursing Center _____

Cash in Patient Trust
Account _____

Checking Account
Balances _____

Savings Account
Balances _____

Certificates of Deposit _____

IRA/401K _____

Stock Certificates _____

US Bonds _____

Brokerage Accounts _____

Annuity Contracts _____

Business Interest _____

Real Estate – Residence _____
(deed, tax notice, mortgage, land contract, rental agreements etc)

Real Estate – Other _____
(deed, tax notice, mortgage, land contract, rental agreements, etc.)

Utility Bills _____

Vehicles
(car/truck/boat/atv, etc.) _____

Life Insurance Policies
(face value & cash value) _____

Funeral Plan _____

Burial Plots _____

Income Tax Return _____

Income Information

Social Security _____

Pension _____

Other _____

Are you or your deceased spouse a Veteran? Yes or NO

DD-214 _____

Honorable Discharge _____

Other: _____

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