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**DCF MEDICAID APPLICATION CHECKLIST**

In order to determine Medicaid eligibility, along with the access application packet, The Department of Children and Families requires verification of the following information, if applicable.

**PROVIDE ALL INFORMATION FOR BOTH SPOUSES**

- \_\_\_ Most recent signed/ dated rent receipt
- \_\_\_ Most Recent utility bills
- \_\_\_ Proof of Mortgage
- \_\_\_ Proof of property taxes ( if not included in mortgage payment)
- \_\_\_ Proof of homeowners insurance ( if not included in mortgage payment)
- \_\_\_ Self-employed persons: Most recent income tax return
- \_\_\_ Birth Certificate or proof of age for all applicants
- \_\_\_ Marriage License
- \_\_\_ Divorce decree
- \_\_\_ proof of non citizen status( immigration and Naturalization Service ( INS) form: I-94, I-151, I-1551, etc)
- \_\_\_ Proof(documentation) of gross income from all sources for all members of the assistance group or household. ( Job, SSA, SSI Retirement, VA, Trust & income, etc.)
- \_\_\_ Motor Vehicle owner- title and registration for car, motorcycle, truck, van, boat etc. Any proof of money owed on vehicle.
- \_\_\_ Mobile Home owner- title and registration or most recent tax notice
- \_\_\_ Home or Property Owner - deed or most recent tax notice and mortgage papers for all property
- \_\_\_ Mortgage owed- copy of mortgage and amortization table. Include reverse mortgage info
- \_\_\_ Cemetery lot(s)- copy of deed for all
- \_\_\_ Copy of prepaid funeral, burial or cremation agreement
- \_\_\_ last 6-12 months bank account statements ( savings, checking, CD, money market, credit union, etc.- proof of name(s) on all accounts. NOTE If you are currently in receipt of Medicaid only 3 months of bank statements are required.
- \_\_\_ 3 months proof of all interest amounts paid on all bank accounts- OR- proof of no interest paid
- \_\_\_ Savings Bonds, Other bonds, stock owned (latest value statement) , frequency and amount of last dividend/ interest paid
- \_\_\_ Trust documents
- \_\_\_ Proof of Annuities or other retirement accounts
- \_\_\_ Life Insurance policies\*\*\* If policy has a cash value, MUST provide proof of cash value
- \_\_\_ Financial Release form # CF-ES-2613
- \_\_\_ Copy of guardianship paper or power of attorney
- \_\_\_ Copies of Medical records for the three months prior to application date
- \_\_\_ Medicare card and claim number
- \_\_\_ Documentation of most recent monthly gross VA benefit and claim number.
- \_\_\_ Documentation of current gross monthly Civil Service Annuity, private pension, or other income (check stub, award letter from payor etc.)
- \_\_\_ Proof of SSA or SSI income and claim numbers