



**MARYLAND DEPARTMENT of HUMAN RESOURCES
MARYLAND DEPARTMENT of HEALTH and MENTAL HYGIENE
LONG-TERM CARE/WAIVER MEDICAL ASSISTANCE APPLICATION**

Check List of Items Needed for Your Long-Term Care / Waiver Application
(Please keep this page for your records)

SEND PROOF If you do not already receive Long-Term Care Medical Assistance, we need the items listed below to process your application. Please send as many items as you can with this application. Please send copies, **do not send originals**. In some cases, we may need to request additional documents not listed below. If so, we will give you time to supply the additional documents.

DO NOT WAIT TO APPLY

If you do not have copies of all the documents listed, send in all the copies you do have when you apply. It is important to apply as soon as possible. We will give you more time to send additional documents needed.

If you or your spouse sold, traded, gifted, or disposed of any property, motor vehicles, stocks, bonds, cash or other assets in the past 5 years you will have to provide the following:

- | | |
|--|---|
| <input type="checkbox"/> Type of asset | <input type="checkbox"/> Reason for transfer |
| <input type="checkbox"/> Value of asset | <input type="checkbox"/> Who received the asset |
| <input type="checkbox"/> Amount received for the asset | |

If you want to find out if your spouse can keep some of your monthly income, please provide:

- | | |
|--|--|
| <input type="checkbox"/> Spouse's gross monthly income | <input type="checkbox"/> Property tax bill |
| <input type="checkbox"/> Condo fees | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Electric bill |
| <input type="checkbox"/> Lot Rent | |

The following items are needed from you and your spouse to determine if you are eligible for Long-Term Care Medical Assistance:

- | | |
|---|--|
| <input type="checkbox"/> Federal Tax Returns for the current year and the preceding four years (please include all forms and schedules). A Record of Account can be obtained from the IRS free of charge by calling 1-800-908-9946 if your Federal tax returns cannot be located. | <input type="checkbox"/> Current gross monthly income from all sources including:
<input type="checkbox"/> VA Pensions
<input type="checkbox"/> Railroad Retirement
<input type="checkbox"/> Pensions
<input type="checkbox"/> Annuities |
| <input type="checkbox"/> Bank and Financial statements on all accounts owned and co-owned:
<input type="checkbox"/> Current Month (month of application)
<input type="checkbox"/> Previous Month (month prior to application)
<input type="checkbox"/> The last five years of the anniversary month of the application | <input type="checkbox"/> Face and cash value of Life Insurance policies (current annual statement)
<input type="checkbox"/> Current statement for burial accounts
<input type="checkbox"/> Burial Plot Deeds
<input type="checkbox"/> Life Estate Deeds
<input type="checkbox"/> Promissory Notes
<input type="checkbox"/> Mortgage Notes and Mortgage Deeds |
| <input type="checkbox"/> Current statement of retirement accounts
<input type="checkbox"/> Current statement of IRA or Keogh Accounts
<input type="checkbox"/> Current statements of:
<input type="checkbox"/> Stocks
<input type="checkbox"/> Bonds
<input type="checkbox"/> Money Market Funds
<input type="checkbox"/> Mutual Funds, Treasury, or Other Notes
<input type="checkbox"/> Certificates | <input type="checkbox"/> Trusts (including appendices, schedules, annual accountings, and amendments for the past five years)
<input type="checkbox"/> Private Health Insurance Cards including Medicare (copy of both sides)
<input type="checkbox"/> Health Insurance premium amounts
<input type="checkbox"/> Power of Attorney or Legal Guardianship Documents (if any) |

Please continue by completely answering every question on the attached application. If you need more space to complete the application, please attach additional sheets.