

## MAINECARE APPLICATION WORKSHEET

When an individual applies to the Maine Department of Health and Human Services (DHHS) for MaineCare benefits, the individual must produce verification of all the issues relevant to eligibility for the requested benefits. This Worksheet outlines the information and documentation required by DHHS on an application for MaineCare long-term care benefits.

### 1. Documentation for the MaineCare Application

Please deliver the requested items to the Maine Elder Law Firm. If you have trouble locating any of the items, let us know. We have experience in tracking down all of the types of items that DHHS requires. You may bring photocopies to the office or you may deliver originals that we will photocopy for you.

- Birth certificate for applicant
- Social Security card for applicant and spouse
- Medicare card(s) for applicant and spouse
- Other health insurance card(s) for applicant and spouse
- Verification, from the source, of all health insurance premiums paid on behalf of applicant, including proof of the amount and frequency of the premium payments
- Statements dating back 60 months, for any accounts on which the name of applicant or spouse have appeared, including closed accounts, and including checking accounts (along with check images of \$500 or more), savings accounts, CDs, money markets, IRAs, qualified retirement accounts, investment accounts, stocks, savings bonds, brokerage accounts, etc.
- Stock certificates and copies of bonds owned by applicant or spouse
- Annuity contracts owned by applicant or spouse and verification from the company of cash surrender values for all contracts
- Life insurance policies owned by applicant or spouse and verification from the insurance company of cash surrender values for all policies
- Statement of amount held on behalf of applicant at facility (i.e., patient account)
- Deeds, property tax bills, insurance premium statements, and details about any current mortgages or loans for all property in which applicant or spouse own any interest
- Title, registration, and current mileage of any motor vehicle owned by applicant or spouse, including motorcycles, campers, ATVs, snowmobiles, and boats
- Verification, from all sources, of gross income received by applicant or spouse including pensions, Social Security income (i.e., annual Your New Benefit Amount letter), retirement or annuity income (i.e., most recent check stub), rental income, etc., as well as any deductions from gross income (Please note: direct deposit on a bank statement and tax forms are not sufficient verification.)
- Income tax returns including 1099 forms filed by applicant or spouse for the past 5 years
- Mortuary trusts and deeds to burial plots for applicant and spouse
- List of contents of safe deposit box
- Most recent household bills and expenses including electrical, heating, cable and internet, etc.

## 2. Questions for the MaineCare Interview

### FAMILY INFORMATION

1. Has the applicant been previously married? If so, please provide the former spouse's name, date marriage ended, and reason for marriage ending (i.e. divorce, separation, death).

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2. Does the applicant or applicant's spouse have any children? If so, please provide each child's name and age, and please indicate if any children are from a previous marriage or relationship.

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3. What is the highest level of education the applicant and applicant's spouse completed? If they graduated from college, please provide details regarding the school and degree earned.

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4. Please provide details regarding the applicant and applicant's spouse work history. Please provide the date of retirement if applicable.

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5. Did the applicant or applicant's spouse serve in the armed forces? If so, please provide details regarding the branch and dates of service.

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### ASSET AND INCOME INFORMATION

6. Does the applicant or applicant's spouse own any real estate (land, buildings, time shares, or life estate)?  Yes  No

7. Does the applicant or applicant's spouse own any motor vehicles (cars, trucks, boats, campers, motorcycles, snowmobiles, ATVs, tractors, etc.)?  Yes  No

8. Does the applicant or applicant's spouse have a safe deposit box?  Yes  No

9. Does the applicant have a patient account at the facility?  Yes  No

10. Does the applicant or applicant's spouse have a mortuary trust?  Yes  No

11. Does the name of the applicant or applicant's spouse appear on anyone else's accounts or property?  Yes  No

12. Is the applicant or applicant's spouse a trustee or a beneficiary of any trust? If so, please provide information regarding the trust.

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13. Please list all income received by the applicant or applicant's spouse (wages, social security, veteran's benefits, railroad benefits, worker's compensation, spousal support, annuity payments, dividends or interest, etc.). Please indicate the amount received and who receives it:

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14. Has the applicant or applicant's spouse transferred any assets over \$500 per calendar quarter within the past 60 months? If so, please provide details regarding these transfers.

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15. Does the applicant have health insurance (other than Medicare)? If so, please provide the name of the insurance company, and the premium paid or deducted from income.

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Client's name (printed)

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Client's Signature

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Date