

SIKOV AND LOVE MEDICAL ASSISTANCE INTAKE FORM

Please provide the following Information to accompany your Medical Assistance Application for consideration by Department of Public Welfare.

_____ Copy of proof of age (Birth Certificate, Baptismal Certificate). Proof of age can also be obtained by writing to Social Security Administration if Birth or Baptismal Certificate cannot be obtained.

_____ Copy of Social Security Card, Medicare Card, Blue Cross/Blue Shield Card and/or any other medical insurance cards for the applicant and his/her spouse.

_____ If applicant has Blue Cross/Blue Shield or any other health insurance for which applicant pays, MUST provide verification of amount paid (statements from Insurance company).

_____ Proof of ALL income such as: copies of Social Security check, pension benefits, award letters/notices from Social Security. If spouse is involved, copies of spouse's income sources and amounts must also be provided. Income only from interest

_____ Information regarding all accounts that applicant had within past five years: (Current accounts and closed accounts). You must provide 5 years of bank statements. (If statements were not kept, they can be obtained from the bank); passbook savings accounts can be verified by copying the passbook. Certificates of Deposit, stocks and bonds must all be verified as well for the last 5 years.

_____ Life insurance verification: Face value and current cash value must be verified, in writing, by insurance company.

_____ Copies of any burial reserve agreements; burial certification of plots, Irrevocable Burial accounts.

_____ Information of property owned: Copies of deeds and tax statements, specifically if any names have been changed on the property deeds within the past five years.

_____ If a home is involved, include copies of household bills (gas, electric; water/sewage, garbage, homeowners insurance, etc).

_____ Tax returns from the past five (5) years if filed.

_____ If car is involved, please include copies of car registration and insurance cards

_____ Copy of deceased spouse's Death Certificate.

_____ Citizenship: Copy of citizenship papers for persons not born in the United States.

We will be happy to photocopy anything needed for application. Please allow us 24 to 48 hours to organize and copy paperwork. We will return all originals to applicant or responsible party.