

Adult Medicaid/FHP Resource Check List

Applicant:

Indicate if you or other family member has:	YES	NO	WHO	If yes list amount/value	WHO	If yes list amount/value	Notes Bank Name & Acct#
Checking account							
Savings Account							
Credit Union Account							
In Trust account							
Life Insurance with cash value							
Stocks, Bonds, CDs, Mutual Funds							
Savings Bonds							
IRA, Keogh, 401K or deferred comp Accounts							
Irrevocable burial trust							
Burial fund/space							
Real estate, income producing or rental property							
Annuities							
Is named beneficiary of a trust							
Expects to receive a trust fund, lawsuit settlement or inheritance							
Safe deposit box							
Any other income not listed above or reported elsewhere on this application							
Any other resources not listed							

Does anyone own: (registered or not)	Yes	No	Owner	Year	Make	Model	Information	Owner Value	Amount Owed	NADA Value
Snowmobile (1)										
Snowmobile (2)										
Motorcycle										
ATV (1)										
ATV (2)										
Boat and/or trailer										
RV/Camper										
Automobile (1)										
Automobile (2)										
Truck										
Other										

Applicant Signature _____

Date _____