

MEDICAL ASSISTANCE INFORMATION

County Assistance Office

P.O. Box 349

Rochester, PA 15074

Phone: 724-773-7300

In order to apply for Medical Assistance for a person in a Nursing Home the following must be provided to the County Assistance Office:

1. Social Security card or some verification of the social security number.
2. Medicare card and any health insurance card including the Pace card.
3. Verification of Birthdate (i.e. birth or baptismal certificate, insurance policy, family Bible or driver's license).
4. Identification (document with a person's signature).
5. Income verification:
 - Copies of checks, bank statements, award letters
 - Verification of spouse income if spouse remains at home
6. All life insurance policies:
 - Includes life insurance for spouse if spouse remains at home
 - If the face value is over \$1,500.00 then current cash value must be provided
7. Burial reserve contracts. Irrevocable clause if applicable.
8. Verification of bank accounts:
 - Bank Statement and Bank Book Ledger
 - Include spouse if spouse remains at home
9. Information of real estate currently owned or sold within the last three (5) years.
10. Values of any personal property:
 - Certificates of Deposit
 - Stocks, bonds Annuities
 - Include spouse if spouse remains at home
11. Maiden name if applicable.
12. Verification of Health Insurance Premiums and billing card.
13. Documentation of any Transfer of Real Estate or Personal Property within the past 5 years.
 - Stocks, Bonds, Bank Accounts, etc.
14. Date of admission and/or date applying for Medical Assistance.
15. Name and address of responsible party.
16. If a spouse remains at home, verification of rent or mortgage payments, property taxes, home owners insurance, water, sewage, electric, gas or heating fuel.