



202A

Medicaid Request for Retroactive Assistance

Applicant _____ SSN _____

Head of household if different _____ SSN _____

1. For which of the last 3 months are you requesting retroactive Medicaid? _____

Were you a Vermont resident in each month? Yes No - if no, when did you begin living in Vermont? _____

Answer questions 2 and 3 only for the months listed above. List all income and resources for you and your spouse or civil union partner. If the request is being made for a child under the age of 21, list the income and resources of the parents.

| Month received: | YES NO | | Applicant | | | Spouse or civil union partner -OR- Parents (if child) | | |
|------------------------------|--------------------------|--------------------------|-----------|----------|----------|---|----------|----------|
| | | | | | | | | |
| Supplemental Security Income | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Social security | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Veterans benefits | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Railroad retirement | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Wages | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Other income | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| describe: | | | _____ | _____ | _____ | _____ | _____ | _____ |
| Total monthly amount: | | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

| Monthly resource amount held: | YES NO | | Applicant | | | Spouse or civil union partner -OR- Parents (if child) | | |
|---|--------------------------|--------------------------|--|----------|----------|---|----------|----------|
| | | | | | | | | |
| Cash on hand | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Money in bank (savings, checking) | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Stocks and bonds (current market value) | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Life insurance (face value) | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Equity in real property (not the home you live in) | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Trust fund or prepaid funeral | <input type="checkbox"/> | <input type="checkbox"/> | If yes, send a copy of the terms of the trust. | | | | | |
| Other resource | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| describe: | | | _____ | _____ | _____ | _____ | _____ | _____ |
| Total amount for the month | | | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Please send copies of bankbook, pay stubs, Social Security Administration award letter, stock and bond certificate, etc. for any type of income or resource listed above. Please do not send originals since we cannot guarantee they will be returned to you.

