



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.

	YES NO		Applicant			Spouse or civil union partner -OR- Parents (if child)		
Month received:			_____	_____	_____	_____	_____	_____
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:			\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

	YES NO		Applicant			Spouse or civil union partner -OR- Parents (if child)		
Monthly resource amount held:			_____	_____	_____	_____	_____	_____
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.

