

# LIS Verification Checklist

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

Caseworker: \_\_\_\_\_ District / Worker Number: \_\_\_\_\_/\_\_\_\_\_

## A. BIOGRAPHICAL INFORMATION

Item	Description	Enter Information:
HIC	RSDI Claim number	
HIC-RRB#	R=RRB, H=HIC	
First Name		
Last Name		
Middle Name		
Suffix		
Sex Gender	(F=Female, M=Male, 9=Unknown)	
Date of Birth	(MM/DD/CCYY)	
SSN	Beneficiary's own SSN	

## B. CATEGORICAL REQUIREMENTS/VERIFICATION

Item	Source	Date
Entitled to Medicare Part A		
Enrolled in Medicare Part B		
Residence		

## C. FAMILY SIZE

Individuals in the home:		Included in Family Size
Applicant		1
Spouse	Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", enter "1	
Dependents	Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", enter number:	
<b>Total Family Size</b>		

**D. INCOME**

**1. Unearned Income**

Budget Unit Member	Source		Monthly Amt.
<b>Deduct operational expenses for rental income:</b>			<b>Monthly Amt.</b>
Expense	Date Paid	Source	
			<b>Total Unearned</b>

**2. Earned Income**

Budget Unit Member	Employer	Monthly Gross	Standard WRE/ Other Deductions	Net Earned
<b>Deduct operational expenses for self-employment</b>				
Expense	Date Paid	Source	Amount Allowed	
				<b>Total Earned</b>

**TOTAL COUNTABLE INCOME: (D1 +D2)**

**E. RESOURCES**

**1. Bank Accounts**

Type of account	Name of Bank or institution	Account number	Verification (check one)			Amount
			Client Statement	Bank statement	DSS-3431 form	
<b>Total Value</b>						

**2. Life Insurance**

Owner	Company name	Policy Number	Insured	Verification	Face Value	Cash Value	Countable Cash Value
<b>Total Value</b>							

**3. Real Property**

Property Description/location	Excluded?		Equity Value	Countable value
	Yes/No	Reason		
<b>Total Values</b>				

**TOTAL COUNTABLE RESOURCES: (E1+ E2 + E3)** \_\_\_\_\_

**DOCUMENTATION/WORKSPACE:**

## F. LIS DISPOSITION

### 1. Approval

Poverty Level:  ≤135%     136-140%     141-145%     146-149%

Resource Level:     ≤ \$6,290 (single)/\$9,440 (couple)     ≤ \$10,490 (single)/\$20,970 (couple)

#### Benefit Code:

- A** 100% subsidy, \$0 annual deductible, \$2.25/\$5.60 co-pay up to catastrophic
- B** 100% subsidy, \$56 annual deductible, 15% co-pay up to catastrophic, \$2.25/\$5.60 co-pay after catastrophic
- C** 75% subsidy, \$56 annual deductible, 15% co-pay up to catastrophic, \$2.25/\$5.60 co-pay after catastrophic
- D** 50% subsidy, \$56 annual deductible, 15% co-pay up to catastrophic, \$2.25/\$5.60 co-pay after catastrophic
- E** 25% subsidy, \$56 annual deductible, 15% co-pay up to catastrophic, \$2.25/\$5.60 co-pay after catastrophic

Eligibility Period: \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_

### 2. Denial

- Income equal to or greater than 150%
- Resources exceed \$10,490 (single)/\$20,970 (couple)
- Not a Medicare beneficiary
- Failed to provide information to determine eligibility
- Not a resident of North Carolina/incarcerated
- Other: \_\_\_\_\_