

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:
Total Family Size		

D. INCOME

1. Unearned Income

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

2. Earned Income

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

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	
Total Value						

2. Life Insurance

Owner	Company name	Policy Number	Insured	Verification	Face Value	Cash Value	Countable Cash Value
Total Value							

3. Real Property

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

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: _____