

## MEDICAL DEDUCTIONS VERIFICATION

Applicant/Resident Name	
MEDICAL EXPENSE DEDUCTIONS ARE PERMITTED <u>ONLY</u> FOR HOUSE <u>HEAD OF HOUSEHOLD AND/OR SPOUSE</u> IS ELDERLY (62), HANDICAPPED	
Medical expenses include expenses the household anticipates incurring over the 12 effective date of the certification. However, in order to have a more accurate account of to submit verification of medical expenses you have incurred over the past 12 month reimbursed by Medicare, other insurance coverage, state or federal institutions source.	deductions, you are entitled s Which <u>HAVE NOT</u> been
Is a Medicare Premium deducted from your Social Security check?YES	6 orNO
If YES, amount of monthly Medicare premium: \$	
Other Medical Insurance (Copy of billing statement is acceptable proof):  Insurance Company  Monthly Premium  Ann	ual Premium
Other Medical Deductions that may be included  Examples:	
Services of Doctors and Health Care Professionals	
<ul><li>Services of Health Care Facilities</li><li>Prescription Medicine</li></ul>	
Dental Expenses, Eyeglasses, Hearing aids, Batteries	
<ul> <li>Monthly care of a permanently institutionalized family members</li> </ul>	er
( <u>IF his/her income is included in annual income</u> )	***
<ul> <li>Monthly payments required on accumulated major medical to the expression of the expressio</li></ul>	
any family member (including handicapped members) to be	
Proof of all Medical Expenses MUST be attached to this for	orm
I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.	
Signature of Applicant/Resident	Date

<u>WARNING</u>: Section 1001 of Title 18 of the U.S. Code (18 USC 1001) makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. The criminal penalty under 18 USC 1001 is up to a \$10,000 fine, 5 years imprisonment, or both.



