

**INFORMATION NEEDED FOR REVIEW OF THE APPLICATION FOR HELP WITH  
MEDICARE PRESCRIPTION DRUG PLAN COSTS**

Please have the INFORMATION CHECKED BELOW on hand for the telephone review. Even if you do not have all of the information that is checked, I will help you get the information you do not have. We only need information about your spouse if you and your spouse were living together when you filed your application.

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**A. FAMILY SIZE AND HOUSEHOLD EXPENSES INFORMATION**

- Names, income amount and relationship of any relatives (by blood, marriage or adoption) living with you and your spouse for whom you and/or your spouse provide half of their support.
- If you are living with anyone other than your spouse and/or minor children, have their name and amount they contribute towards the household expenses.
- The monthly amount you paid for each one of the following items: food, mortgage/ rent, property insurance, property tax, heating fuel, electricity, gas, water, garbage removal and sewer for the time period \_\_\_\_\_.

**B. INCOME**

- Amount of wages that you or your spouse earned during the period \_\_\_\_\_.
- The monthly amount of any pensions, or other benefit (other than Social Security benefits) you or your spouse receive.

**C. RESOURCES**

- Balance in bank accounts during the period \_\_\_\_\_ for all accounts on which your name and/or your spouse's name appear as individual or joint owner, or as a beneficiary.
- Value of stocks, bonds, promissory notes, etc. owned by you or your spouse.
- Location of property owned by you or your spouse other than the home you live in.
- Life insurance and burial insurance policies owned by you or your spouse. (It would be helpful if you have these policies with you when I call, so you can provide the information that I need.)
- Amount in retirement savings accounts such as 401K, IRA, KEOGH, etc. owned by you or your spouse.

**D. OTHER**

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