

## PUBLIC BENEFITS CHECKLIST

Public Benefits Checklist			
Mark if the person being cared for receives any of the following public benefits.			
✓	Item	Yes	No
	Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Senior Farmers Market Nutrition Program	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Supplemental Security Income (SSI)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Property Tax Assistance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Medicare Part D Assistance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Medicare Parts A, B, and D Premium Support	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Medicaid	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Transportation Assistance	<input type="checkbox"/> YES	<input type="checkbox"/> NO