



THE COMPLETE

SENIOR BENEFITS PLAYBOOK 2026

Money, Medicare, Home, Food, Care, and Help
You May Already Qualify For

EXPANDED UNITED STATES EDITION

HELEN FOSTER

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HOW TO USE THIS BOOK

Open the section that matches the bill, benefit, or life change in front of you. Each chapter gives you the closest next action and exact words to use. Keep your confirmation numbers and deadlines in the benefits folder described on the next pages.

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START HERE: YOUR 10-MINUTE BENEFITS CHECK

You do not need to understand every government program. You need to find the few programs that fit your life now.

Take a pen and mark every statement that sounds like you:

- I pay a Medicare Part B premium from my Social Security check.
- Prescription costs are difficult.
- My monthly income is under \$2,500, or our combined income is under \$3,500.
- I own a home and property tax is rising.
- I rent and spend a large part of my income on housing.
- Heating, cooling, food, transportation, dental, hearing, or vision costs are difficult.
- I lost a spouse or became a caregiver.
- I was denied a benefit, received a medical bill I do not understand, or was told I make too much.
- I have not reviewed my Social Security earnings record in the last year.
- I have not completed a full benefits screening in the last year.

If you marked even one line, this book has a next step for you.

Make these three calls first

1. Eldercare Locator: 800-677-1116 Say: “I am an older adult and need a complete local benefits screening. Please connect me with my Area Agency on Aging.”
2. SHIP Medicare counseling: 877-839-2675 Say: “I want a free review of my Medicare costs, drug plan, Medicare Savings Programs, and Extra Help.”
3. Call 211 Say: “I need current local help with food, utilities, housing, transportation, and property tax.”

These services route you to local help. They do not replace the official agency that makes the final decision.

The five words that tell you what kind of help you found

Grant: money that normally does not have to be repaid.

Credit: an amount that reduces a tax or may create a refund.

Exemption: part of a tax, cost, or requirement is removed.

Subsidy: a program pays part of your cost.

Deferral: payment is postponed. It may become debt and may collect interest.

Never treat these words as interchangeable. A property tax grant and a property tax deferral can have opposite results.

BUILD YOUR BENEFITS FOLDER

Keep one paper folder and one digital folder. Do not send original documents unless an agency specifically requires them.

Put these items inside

- Photo identification.
- Social Security and Medicare cards. Keep copies secure.
- Latest Social Security benefit letter.
- Pension and retirement-income statements.
- Last federal and state tax returns.
- Three months of bank statements when an income-tested program requests them.
- Medicare, Part D, Medicare Advantage, or Medigap cards.
- Current medication list and preferred pharmacy.
- Recent medical bills and denial notices.
- Lease or latest property tax bill.
- Utility bills and shutoff notices.
- Proof of home ownership and principal residence.
- Marriage certificate and spouse's death certificate when relevant.
- A simple call log: date, agency, number called, person, confirmation number, and next step.

Never send these because of an incoming call

Do not give a caller your Medicare number, Social Security number, banking password, one-time security code, or remote access to your device. End the call and contact the agency using the number on your official card or statement.

Organize the Documents Before You Apply



Photo illustration

PART ONE: MONEY ALREADY OWED TO YOU

1. Run one complete benefits screening

The most expensive mistake is checking only one program. Social Security, Medicare, Medicaid, SNAP, utility help, and property tax offices do not operate as one automatic system.

Start with the federal Benefit Finder at [USA.gov/benefit-finder](https://www.usa.gov/benefit-finder). Then call the Eldercare Locator and ask for your local Area Agency on Aging. Finally, use [BenefitsCheckUp.org](https://www.benefitscheckup.org) as a second screening tool.

What to gather

- Age and household size.
- ZIP code.
- Approximate monthly income before deductions.
- Approximate savings and investments, excluding the home unless the program asks for it.
- Housing cost, utility cost, and Medicare coverage.

What to say

“Please screen me for every current program available at my age and address. I want you to include Medicare help, food, utilities, housing, transportation, property tax, and caregiver support.”

Do this today

Write every possible program on one page. Mark each as apply, verify, renew, or not eligible. Do not stop at “probably not.” Ask the program to make the decision.

2. Check your Social Security earnings record

Social Security retirement benefits use your highest 35 years of covered earnings. A missing or incorrect year can reduce your payment for life.

Open a my Social Security account at ssa.gov/myaccount. Compare the earnings history with W-2s, tax returns, pay records, or other records you still have.

Watch for

- A year showing zero when you worked.
- Self-employment income that is missing.
- Earnings listed under the wrong amount.
- A name change that may have interrupted reporting.

What to say

“I found an earnings year that does not match my records. What evidence do you need to correct my earnings record?”

Call Social Security at 800-772-1213. Keep copies of everything you submit.

Important ages

You may start retirement benefits at 62, but the monthly amount is reduced. Full retirement age depends on birth year. Waiting after full retirement age increases the monthly benefit until age 70. It does not keep increasing after 70.

Before claiming, compare three monthly estimates: now, full retirement age, and age 70. Ask for dollar amounts, not only percentages.

Calling Social Security and Recording the Answer



Photo illustration

3. Spousal and survivor benefits

A spouse, former spouse, widow, or widower may qualify on another person's record. The rules differ by marital history, age, disability, remarriage, and whether the worker is living.

A survivor benefit does not simply stack on top of your own full retirement benefit. Social Security generally pays the higher available amount or a combination that reaches that higher amount.

Ask for a comparison

"Please compare my own retirement benefit with every spousal or survivor benefit available on the record. Show me the monthly amount for each eligible start date."

If a spouse dies, report the death promptly. Ask about survivor benefits and the \$255 one-time death payment. Funeral homes sometimes report the death, but they do not complete the survivor application for you.

Divorced spouses

Do not assume divorce ended every possible benefit. A marriage that lasted at least 10 years can create eligibility in some situations. Ask Social Security to screen the record rather than relying on family assumptions.

4. Supplemental Security Income: SSI

SSI is separate from Social Security retirement. It can provide a monthly payment to people who are 65 or older, blind, or disabled and have limited income and resources.

For 2026, the maximum federal amount is \$994 per month for one person and \$1,491 for a couple. Your actual amount can be lower because other income and living arrangements are counted. Some states add money.

The general resource limit is \$2,000 for one person and \$3,000 for a couple. The home you live in and usually one vehicle do not count.

What to say

“I am 65 or older and receive limited monthly income. Please screen me for SSI and tell me which resources you count.”

Do not disqualify yourself because you own a home. Apply through Social Security at ssa.gov/ssi or call 800-772-1213.

5. Find old pensions and retirement accounts

Old employers merge, close, or change administrators. Money can remain in a pension, 401(k), or retirement account long after the paperwork disappears.

Search in this order

1. Review old W-2s and tax returns for employer names.
2. Contact the former employer or current successor company.
3. Search the Department of Labor's retirement savings lost-and-found resources.
4. Search the Pension Benefit Guaranty Corporation for unclaimed pensions.
5. Search the official unclaimed-property site for every state where you lived or worked.

What to say

"I worked for this employer from approximately [year] to [year]. Please check whether I earned a pension or still have a retirement account and tell me the current administrator."

Never pay an upfront fee to "unlock" your own unclaimed money before checking official government databases.

6. Search for unclaimed property

States hold forgotten bank balances, insurance proceeds, refund checks, utility deposits, securities, and other property. There is no single legitimate caller who needs a fee to release it.

Start at [USA.gov/unclaimed-money](https://www.usa.gov/unclaimed-money). Follow the official link for every state where you lived, worked, owned property, or handled a deceased relative's estate. Search maiden names, former names, initials, and old addresses.

Also check Treasury Hunt for matured savings bonds and the official FDIC or NCUA tools for failed-bank or failed-credit-union funds.

What to prepare

Identification, proof of current address, proof of old address, and estate documents if claiming for someone who died.

Do this annually

Repeat the search once a year. New property is transferred to states continuously.

7. The 2026 senior tax deductions

People age 65 or older may receive an additional standard deduction. In 2026, the base standard deduction is \$16,100 for single filers, \$32,200 for married couples filing jointly, and \$24,150 for heads of household.

There is also a temporary enhanced senior deduction for tax years 2025 through 2028: up to \$6,000 per eligible person, or \$12,000 when both spouses qualify. It begins phasing out when modified adjusted gross income exceeds \$75,000 for a single filer or \$150,000 for a joint return. It may be available whether you itemize or use the standard deduction.

Ask your preparer

“Show me where you claimed my regular age-based additional deduction and the temporary enhanced senior deduction. If either is reduced, show me the income calculation.”

Do not accept “the software handles it” as the complete answer. Ask to see the result on the return.

8. When Social Security becomes taxable

The IRS uses combined income, sometimes called provisional income. It includes adjusted gross income, tax-exempt interest, and half of Social Security benefits.

For a single filer, taxation can begin above \$25,000. For married filing jointly, it can begin above \$32,000. At higher levels, up to 85% of benefits may be included in taxable income. That does not mean the IRS taxes your benefit at an 85% tax rate.

Before a large withdrawal

Ask a tax preparer to show how an IRA or retirement withdrawal affects:

- Federal income tax.
- Social Security taxation.
- Medicare IRMAA two years later.
- Eligibility for income-tested programs.

Free help

Tax Counseling for the Elderly specializes in taxpayers age 60 and older. Find a site through the IRS VITA/TCE locator or call 800-906-9887. AARP Foundation Tax-Aide also provides free help; AARP membership is not required.

9. Required minimum distributions and QCDs

Required minimum distributions are withdrawals the tax law requires from many retirement accounts. The starting age depends on birth year. Missing an RMD can create a penalty.

A Qualified Charitable Distribution, or QCD, can send money directly from an IRA to an eligible charity after age 70½. It can count toward an RMD without adding the distribution to adjusted gross income in the same way as an ordinary withdrawal.

Ask before December

“What is my exact RMD for this year, how much have I already withdrawn, and would a direct QCD help me avoid increasing taxable income or Medicare premiums?”

The transfer must go directly from the IRA custodian to the eligible charity. A personal withdrawal followed by a donation is not the same transaction.

10. If you owe the IRS

Do not ignore an IRS notice. First confirm that the notice is real by using the phone number on IRS.gov, not a number from an unexpected text, email, or caller.

Ask whether you qualify for an installment agreement, penalty relief, or currently-not-collectible status. Interest may continue even when a payment plan is approved.

What to say

“I am on fixed income. Please explain the tax, penalty, and interest separately. Screen me for an installment agreement, penalty relief, and hardship collection status.”

Bring the notice to a TCE site or a Low Income Taxpayer Clinic if you need help responding. Never pay a tax debt with gift cards, cryptocurrency, or a cash kiosk.

Reviewing Household Income, Bills, and Benefits



Photo illustration

Read Every Notice and Protect Every Deadline



Photo illustration

PART TWO: LOWER MEDICARE AND HEALTH COSTS

11. Your Medicare starting window

The Initial Enrollment Period is a seven-month window: three months before the month you turn 65, your birthday month, and three months after.

Some people can delay Part B without penalty because they have qualifying coverage based on current employment. Retiree coverage and COBRA do not always create the same protection.

Before delaying Part B

Ask the employer benefits office and Social Security in writing:

“Is this coverage based on current employment, and will it give me a Part B Special Enrollment Period without a late penalty?”

Keep the answer. A mistaken assumption can create a lasting penalty and a coverage gap.

12. What Original Medicare costs in 2026

The standard Part B premium is \$202.90 per month and the annual Part B deductible is \$283.

Part A is premium-free for many people. If you must buy it, the 2026 monthly premium is \$311 or \$565, depending on work history. The Part A hospital deductible is \$1,736 per benefit period, not per calendar year.

Original Medicare usually leaves 20% coinsurance for many Part B services and has no general annual out-of-pocket maximum. That is why coverage choices matter.

Look at your statement

Find the Medicare deduction on your Social Security statement. Then ask SHIP to compare Original Medicare plus Medigap and drug coverage with available Medicare Advantage plans using your real doctors, hospitals, prescriptions, and travel needs.

Compare Medicare Coverage and Costs Carefully



Photo illustration

13. Medicare Savings Programs

These state-run programs can pay Medicare costs. Do not ask only whether you qualify for full Medicaid. Ask specifically for every Medicare Savings Program.

2026 federal baseline limits

Program	What it can help pay	Monthly income: one person	Monthly income: couple	Resource limit: one / couple
QMB	Part A and B premiums plus protected Medicare cost sharing	\$1,350	\$1,824	\$9,950 / \$14,910
SLMB	Part B premium	\$1,616	\$2,184	\$9,950 / \$14,910
QI	Part B premium	\$1,816	\$2,455	\$9,950 / \$14,910
QDWI	Part A premium for certain working disabled people	\$5,405	\$7,299	\$4,000 / \$6,000

States can use more generous rules. Some income and resources may not count.

Exact request

“Please screen me for QMB, SLMB, QI, and QDWI under this state’s current rules. Tell me which income and resources you excluded.”

Call your state Medicaid office or SHIP at 877-839-2675.

14. QMB billing protection

If you are enrolled in QMB, providers are generally prohibited from billing you for Medicare-covered deductibles, coinsurance, and copayments. Incorrect bills can still arrive.

Do not ignore the bill. Do not automatically pay it.

What to say to billing

“I am enrolled in the Qualified Medicare Beneficiary program. Please verify my QMB status and remove any Medicare cost-sharing charge that I am not legally responsible for.”

Keep proof of QMB enrollment. Contact the provider, your plan, Medicare at 800-MEDICARE, or the Senior Medicare Patrol at 877-808-2468 if the problem continues.

Services Medicare does not cover may still be your responsibility. Ask for the exact service code and reason.

15. Extra Help for prescriptions

Extra Help lowers Medicare Part D costs. In 2026, the general limits are \$23,940 annual income and \$18,090 in resources for one person, or \$32,460 income and \$36,100 in resources for a couple.

People with full Extra Help can have a \$0 premium for an eligible benchmark plan, a \$0 deductible, and copays up to \$5.10 for a covered generic and \$12.65 for a covered brand-name drug. Covered Part D drugs cost \$0 after the annual \$2,100 out-of-pocket threshold is reached.

Some people qualify automatically through Medicaid, SSI, or a Medicare Savings Program. Others must apply.

Ask both questions

“Do I qualify for Extra Help?”

“Does my current Part D plan make full use of Extra Help for my exact medications and pharmacy?”

Apply through Social Security or ask SHIP for help.

Ask About Prescription Cost Assistance



Photo illustration

16. The 2026 Part D limit

For 2026, covered Part D drugs have a \$2,100 annual out-of-pocket limit. The maximum Part D deductible is \$615.

The Medicare Prescription Payment Plan can spread drug costs across monthly bills. It changes when you pay; it does not lower the total by itself.

Call your plan

“How much qualifying out-of-pocket spending have I accumulated toward the \$2,100 limit, and which prescriptions are not counting?”

Then ask:

“Would the Medicare Prescription Payment Plan improve my monthly cash flow, and what would each payment be?”

Check the formulary before changing plans. A low premium is not useful if your medication is excluded or your pharmacy is out of network.

17. Medigap or Medicare Advantage

This is not a choice between “good” and “bad.” It is a choice between different rules.

Original Medicare with Medigap usually offers broader provider access, but premiums can be higher. Medicare Advantage often bundles services and has an annual out-of-pocket maximum, but uses networks, prior authorization, and plan-specific rules.

Compare these five items

1. Every doctor and hospital you use.
2. Every prescription and dosage.
3. Total yearly cost in a normal year and a bad health year.
4. Travel or living in more than one state.
5. Whether you can later buy Medigap without medical underwriting in your state.

Never change based only on a grocery card, dental allowance, or television advertisement. Ask SHIP for an unbiased comparison.

18. Appeal IRMAA after income drops

IRMAA is an extra Medicare Part B and Part D charge based generally on tax information from two years earlier. A one-time high-income year can raise today's premium.

If income fell because of a qualifying life-changing event, you may ask Social Security to use a more recent estimate. The official form is SSA-44.

Common qualifying events include marriage, divorce, death of a spouse, work stoppage, work reduction, loss of income-producing property, loss of pension income, or an employer settlement payment.

What to say

"My income dropped after a life-changing event. I want to request a new IRMAA determination using Form SSA-44."

Prepare proof of the event and an estimate of current-year adjusted gross income.

19. Appeal a Medicare denial

“Not covered” is a decision, not always the end of the process.

Read the notice and find four things: the exact reason, the deadline, where to send the appeal, and whether a fast appeal is available.

Ask the doctor or supplier for records that answer the exact reason. “Medically necessary” alone may not be enough if the denial says prior authorization, step therapy, network status, or missing documentation.

Use the correct words

“I want to file a formal appeal of this coverage or payment decision. Please tell me the deadline and required evidence.”

A complaint and an appeal are different. Call 800-MEDICARE, your plan, or SHIP. If waiting could seriously harm your health, ask about an expedited appeal.

20. Preventive care without surprise bills

Medicare Part B covers many preventive services with no cost sharing when coverage rules are met and the provider accepts assignment. But an annual wellness visit is not the same as a full physical exam.

Discussing a new symptom, changing treatment, or performing another service can create a separate charge.

Ask before the visit

“Is this scheduled as my Medicare annual wellness visit?”

“Could anything planned today create a separate deductible or coinsurance charge?”

Do not avoid needed care. Ask for clarity before the service so the bill is not a surprise.

21. Dental, hearing, and vision help

Original Medicare does not cover routine dental care, routine eye exams for glasses, or hearing aids in the same broad way it covers hospital and physician services.

Possible routes include Medicaid, Medicare Advantage supplemental benefits, state pharmaceutical or senior programs, dental schools, community health centers, charitable clinics, and local Area Agency on Aging programs.

What to say

“Please identify every local low-cost dental, hearing, and vision program for a person my age and income. Include transportation and university clinics.”

Before buying a Medicare Advantage plan for one extra benefit, compare annual limits, networks, waiting rules, and what percentage of the bill the plan actually pays.

22. Medicaid and long-term care

Medicare does not generally pay for long-term custodial care. Medicaid is the nation's primary payer for long-term services and supports, but eligibility and covered services vary by state.

Home and Community-Based Services can help eligible people receive support at home instead of in an institution. Services may include personal care, adult day programs, home modifications, meals, or caregiver support.

Ask your state

"Please screen me for full Medicaid, Medicare cost-sharing help, and every Home and Community-Based Services waiver or state-plan service available at my address."

If a waiting list exists, ask to join it while you gather documents. Do not wait for a crisis.

23. PACE: coordinated care at home

PACE stands for Program of All-Inclusive Care for the Elderly. It is available only in participating service areas.

General requirements include age 55 or older, living in a PACE service area, meeting the state's nursing-home level of care, and being able to live safely in the community with PACE support.

PACE can coordinate medical care, prescriptions, transportation, home care, adult day services, meals, hospital care, and nursing-home care.

What to ask

“Is PACE available in my ZIP code? If so, how does my state determine nursing-home level of care, and what would I pay?”

Find programs through Medicare or your state Medicaid agency.

PART THREE: HOME, FOOD, UTILITIES, AND DAILY LIFE

24. Property tax: find the right kind of relief

Property tax relief is local. A program may reduce assessed value, reduce the bill, cap increases, freeze an assessment, return a rebate, or postpone payment.

Start with the county assessor, tax collector, or state revenue department. Ask for every program tied to age, income, disability, widowhood, veteran status, and primary residence.

Exact request

“I am a senior homeowner. Please check every current homestead exemption, senior exemption, freeze, circuit breaker, rebate, and deferral available for this address.”

Then ask:

- Which program removes money permanently?
- Which must be repaid?
- Does interest grow?
- Must I apply every year?
- What is the filing deadline?

Never assume a “freeze” locks the entire bill. It may freeze only assessed value while the local tax rate still changes.

Ask Locally About Property-Tax and Housing Relief



Photo illustration

25. Appeal an incorrect property assessment

Your assessment can be wrong because of incorrect square footage, bedrooms, lot size, condition, renovations, or comparable sales.

Build a simple appeal file

1. Request the property record card.
2. Compare every fact with your deed, survey, inspection, or photographs.
3. Find three to five similar recent sales.
4. Photograph major condition problems.
5. File before the local deadline.

One-sentence case

“The county record lists 2,400 finished square feet, but the survey shows 2,100; here is the document and the corrected value I am requesting.”

Begin with an informal review if available. Keep copies of the notice, evidence, application, and decision.

26. Property tax deferral is a loan

A deferral postpones property tax. It may create a lien or other claim against the home and may collect interest until sale, transfer, death, or another event.

It can help a senior remain at home. It is not the same as a grant or exemption.

Ask before enrolling

“What is the interest rate, how is interest calculated, what is recorded against my home, and what event makes the full balance due?”

Ask for a written balance every year. Claim every grant, rebate, credit, and exemption first. Defer only the amount that remains after free relief is applied.

Discuss the balance with a spouse, trusted family member, or estate representative so it is not discovered during a crisis.

27. Help for renters and affordable housing

Housing Choice Vouchers help eligible households rent in the private market. Section 202 housing is designed for very low-income residents age 62 and older. Public housing and local senior housing may provide additional routes.

Waiting lists can be long and may close. Apply to more than one Public Housing Agency when allowed.

What to say

“Please tell me every open waiting list for senior, Section 202, public housing, and Housing Choice Voucher assistance in this area. How do I update my application if my income or address changes?”

If income drops after approval, request a rent recalculation. Keep your contact information current so you do not miss a notice.

28. Reverse mortgage and foreclosure counseling

A reverse mortgage does not eliminate every housing obligation. The borrower generally must continue paying property tax, insurance, and required home expenses.

Before signing or when a problem begins, contact a HUD-approved housing counselor. Use [HUD.gov/housingcounseling](https://www.hud.gov/housingcounseling) or call 800-569-4287.

Ask for a full comparison

“Show me the loan balance over time, fees, property obligations, what happens if one spouse dies, and every alternative that lets me remain in the home.”

If you receive a default or foreclosure notice, act immediately. Bring the notice to a HUD counselor and legal aid. Do not pay a company that promises to “save the home” before you verify its credentials.

29. LIHEAP: heating and cooling help

LIHEAP helps eligible households with energy bills, energy crises, weatherization referrals, and sometimes minor energy-related repairs. Benefits and income limits vary by state.

Call the National Energy Assistance Referral line at 866-674-6327, contact your state LIHEAP office, or call 211.

If service may be shut off

Say:

“I am an older adult and have a shutoff notice. Please screen me for regular LIHEAP, crisis assistance, and every utility hardship program. Tell me what proof you need today.”

Funding can be limited. Apply when the program opens rather than waiting for the most expensive month.

30. Weatherization: lower the bill long term

The Weatherization Assistance Program can improve energy efficiency for eligible households. Work may include insulation, air sealing, heating-system safety, and other approved measures.

Federal guidance allows states to prioritize older adults and other high-need households. Homeowners and renters may qualify, though landlord permission can be required.

What to ask

“Please screen my household for the Weatherization Assistance Program and tell me whether an energy audit, furnace repair, insulation, or air sealing is available.”

Apply through the state or local weatherization agency listed by the Department of Energy. A legitimate program does not arrive uninvited demanding immediate payment.

31. Rural home repair help

USDA Section 504 helps very-low-income homeowners in eligible rural areas repair, improve, or modernize homes. Loans can be as high as \$40,000, generally at 1% for 20 years. Grants for eligible homeowners age 62 or older can be as high as \$10,000, or \$15,000 in certain declared-disaster areas, to remove health and safety hazards.

Grants may need to be repaid if the home is sold within three years.

Call USDA Rural Development

“Is my address in an eligible rural area, do I meet the very-low-income limit, and should I apply for a Section 504 loan, grant, or combination?”

Use the official USDA Rural Development office for your state.

32. SNAP food assistance after age 60

SNAP has special rules for households with an older or disabled member. For this program, “elderly” generally means age 60 or older.

For the federal fiscal year running October 2025 through September 2026, the general net monthly income limit is \$1,305 for one person and \$1,763 for two. States can use different screening rules.

Eligible out-of-pocket medical expenses above \$35 per month can reduce countable income. The special resource limit for a household with an older or disabled member is generally \$4,500, though many states use broader rules.

Do not forget medical deductions

Bring Medicare premiums, prescription receipts, dental and hearing costs, transportation to care, and other eligible medical expenses.

Say: “Please calculate my SNAP eligibility using every medical deduction available to a household with a member age 60 or older.”

Food Assistance Can Stretch a Monthly Budget

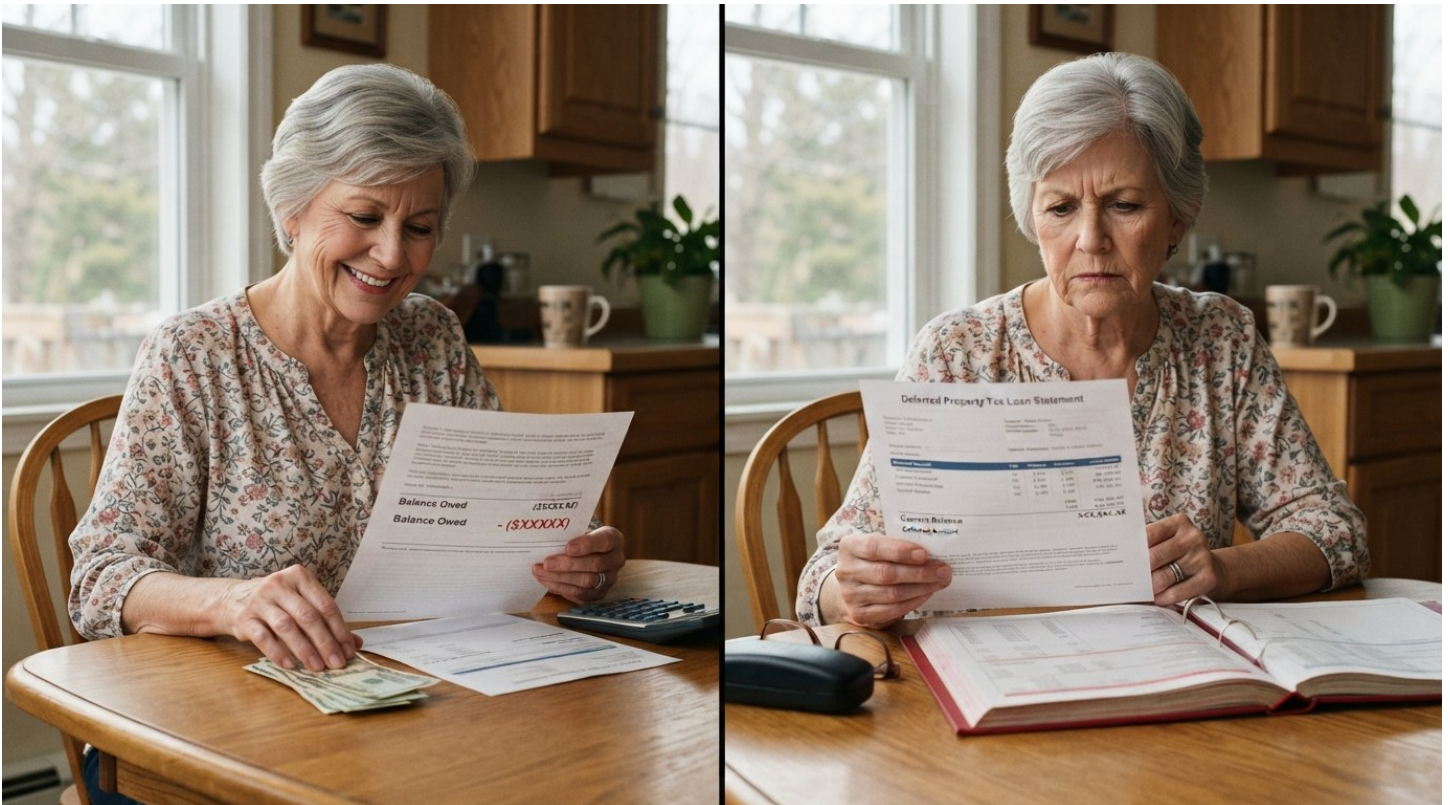


Photo illustration

33. Meals and monthly food packages

The Older Americans Act nutrition programs support congregate meals and home-delivered meals, commonly known through local Meals on Wheels providers. Services generally begin at age 60, with local assessment rules.

The Commodity Supplemental Food Program provides monthly USDA food packages to eligible low-income people age 60 and older in participating areas.

One call

Call the Eldercare Locator at 800-677-1116 and say:

“Please connect me with local home-delivered meals, senior dining, and the Commodity Supplemental Food Program. I also need to know whether transportation is available.”

Do not wait until groceries are gone. Ask whether emergency food delivery or a pantry referral is available now.

34. Transportation help

Transportation may be available through Medicaid non-emergency medical transportation, Area Agencies on Aging, paratransit, senior centers, hospitals, health plans, and local nonprofit programs.

Ask by trip type

“I need transportation for medical appointments, groceries, and essential errands. Which program covers each trip, how far in advance must I schedule, and may a caregiver ride with me?”

If you have a disability, ask the local transit agency about ADA paratransit eligibility. If you have Medicaid, call the number on the Medicaid card and ask specifically about non-emergency medical transportation.

35. Lifeline phone or internet savings

Lifeline lowers the cost of qualifying phone, broadband, or bundled service. The standard federal support is generally up to \$9.25 per month for qualifying broadband or bundled service and \$5.25 for qualifying voice-only service. Tribal lands can receive additional support.

Eligibility can be based on income or participation in Medicaid, SNAP, SSI, Federal Public Housing Assistance, or the Veterans and Survivors Pension Benefit.

Apply through LifelineSupport.org.

What to ask the provider

“Which Lifeline plan do you offer at my address, what is the final monthly price after the benefit, and are there equipment, activation, data, or cancellation charges?”

Check Utility, Phone, and Internet Assistance



Photo illustration

36. Caregiver and respite support

Family caregivers often qualify for training, respite, counseling, support groups, and help locating services through the National Family Caregiver Support Program and local Area Agencies on Aging.

Some Medicaid programs allow eligible participants to direct care and, in certain circumstances, pay a family caregiver. Rules vary by state and relationship.

What to say

“I provide unpaid care to an older adult. Please screen us for respite, caregiver training, home-delivered meals, transportation, adult day services, and any Medicaid self-directed care option.”

Ask for an assessment before the caregiver reaches exhaustion. A crisis is not required to request support.

PART FOUR: PROTECT YOUR MONEY AND YOUR RIGHTS

37. Protect direct-deposited federal benefits

When protected federal benefits such as Social Security, SSI, or VA payments are directly deposited, a bank generally must protect two months of qualifying deposits from a private creditor's garnishment order.

Money above that amount, mixed funds, government debts, and support obligations can follow different rules. A paper check deposited manually may not receive the same automatic bank review.

If money is frozen

"These funds include directly deposited federal benefits. Please give me the garnishment notice, the protected-amount calculation, and the procedure to claim every exemption."

Contact legal aid immediately. Do not ignore court papers. Find local civil legal aid through [LSC.gov](https://www.lsc.gov) or the Eldercare Locator.

38. Debt collectors: slow the conversation down

A debt collector must follow federal and state rules. You can ask for written validation and dispute a debt you do not recognize.

Never pay from an incoming call before checking the collector, original creditor, amount, and age of the debt. A small payment on an old debt can affect legal deadlines in some states.

What to say

“Send me the written validation notice. I am not agreeing that I owe this debt during this call.”

Save letters, voicemails, and call dates. If sued, respond by the court deadline even if the debt seems wrong. Submit unresolved financial-product complaints through consumerfinance.gov/complaint or call 855-411-2372.

39. Stop government-impersonation scams

The IRS, Social Security, Medicare, police, and courts do not demand payment through gift cards, cryptocurrency kiosks, wire transfers to a “safe account,” or cash delivered to a courier.

Use the pause rule

1. End the call.
2. Tell one trusted person.
3. Call the agency using an official number.
4. Call the bank fraud department before money moves.

Report fraud at [ReportFraud.ftc.gov](https://www.ftc.gov/report-fraud). Report Social Security impersonation at [oig.ssa.gov](https://www.ssa.gov/oig). If money moved, contact the bank immediately and ask for the fraud or wire-recall team.

No legitimate agency punishes you for taking time to verify.

Slow Down Suspicious Calls and Verify the Agency



Photo illustration

40. Add a trusted contact without giving control

Many financial institutions allow a trusted contact. This person can be contacted when the institution suspects exploitation or cannot reach you.

A trusted contact is not automatically a joint owner, beneficiary, or power of attorney. The person normally cannot transact simply because they are listed.

Ask your bank or broker

“Do you offer a trusted-contact designation? What information can that person receive, and what authority do they have?”

Choose someone who is reliable and does not depend on your money. Review the choice yearly.

41. Free civil legal help

Legal Services Corporation funds civil legal-aid organizations across the country. Programs may help with housing, public benefits, debt, consumer problems, family safety, and other civil matters for eligible people.

The Older Americans Act also supports legal assistance for older adults through local aging networks.

Start here

Use [LSC.gov](https://www.lsc.gov) to find local legal aid, or call the Eldercare Locator at 800-677-1116.

Say: “I am an older adult with a problem involving [housing, benefits, debt, or exploitation]. Is there free senior legal help or a benefits advocate in my county?”

Bring every notice and envelope. Deadlines often matter more than the length of the story.

42. Powers of attorney and advance directives

A will controls property after death. A financial power of attorney can authorize someone to act during life. A health-care directive communicates medical wishes. A beneficiary designation can control an account directly.

These documents do different jobs. One does not automatically replace the others.

Your annual document check

- Are the people named still appropriate?
- Are successor agents listed?
- Do financial institutions have required copies?
- Do beneficiary forms match the current plan?
- Can a trusted person find the documents in an emergency?

Use a licensed attorney or qualified legal-aid program for state-specific documents. Do not sign a new power of attorney under pressure or when you do not understand the authority it gives.

Get Qualified Help With Rights and Documents



Photo illustration

43. Elder abuse, neglect, or exploitation

If someone is in immediate danger, call 911.

For suspected abuse, neglect, self-neglect, or financial exploitation, contact Adult Protective Services in the state where the older adult lives. The Eldercare Locator at 800-677-1116 can find the correct reporting number.

Warning signs include sudden account changes, unexplained withdrawals, isolation, unpaid bills despite available money, pressure to sign documents, missing medication, or fear around a caregiver.

Preserve evidence safely

Keep copies of statements, messages, names, dates, photographs, and account alerts. Do not confront a suspected abuser if doing so could increase danger.

Long-Term Care Ombudsman programs handle many complaints involving nursing homes and residential care facilities.

PART FIVE: LIFE CHANGES AND SPECIAL ROUTES

44. The first 30 days after a spouse dies

Grief and paperwork arrive together. Do the urgent items first.

First week

- Obtain several certified death certificates.
- Notify Social Security and ask about survivor benefits and the \$255 payment.
- Contact pension administrators and employers.
- Secure the home, mail, phone, and financial accounts.
- Do not distribute property before understanding estate obligations.

First month

- Review Medicare coverage and IRMAA if household income changed.
- Update property tax exemptions and home ownership records.
- Apply for survivor pension, life insurance, or veteran survivor benefits when relevant.
- Review beneficiaries, direct deposits, utilities, and recurring charges.
- Ask a tax preparer how filing status changes.

Exact Social Security request

“Please compare every survivor benefit available with my own benefit and tell me which application is required.”

45. Disability routes for older adults

Disability can open additional Medicaid, housing, transportation, tax, utility, and property-tax programs even after retirement age.

Ask the Area Agency on Aging and state disability agency for a combined screening. DIAL, the Disability Information and Access Locator, can connect people with disability organizations.

What to say

“I am an older adult with a disability that affects daily activities. Please screen me for home care, transportation, housing modifications, tax relief, utility protections, and caregiver support.”

Do not assume a visible disability is required. Eligibility depends on the specific program and functional limits.

46. Veterans and surviving spouses

Veterans and families may have additional routes through VA health care, disability compensation, pension, Aid and Attendance, survivor benefits, home-loan programs, burial benefits, and state or local exemptions.

Use VA.gov, call 800-698-2411, or work with a VA-accredited representative. Accredited Veterans Service Organizations can often help at no charge.

What to say

“Please screen me for every VA benefit based on my service, disability, income, care needs, and dependents, plus state and county veteran benefits at my address.”

Never pay an unaccredited company a percentage of future benefits to submit an initial claim.

Veterans and Families May Have Additional Routes



Photo illustration

47. Working after retirement

If you receive Social Security before full retirement age and continue working, the earnings test may temporarily withhold benefits above the annual limit.

For 2026, the general limit is \$24,480 if you are under full retirement age for the full year. In the year you reach full retirement age, a higher \$65,160 limit applies before the month you reach that age. Different withholding formulas apply. After full retirement age, the earnings test no longer applies.

Withheld benefits are not simply lost; Social Security adjusts the record at full retirement age.

Ask before changing work

“Show me how my expected wages affect monthly checks this year and how the withheld months will be credited later.”

48. Rural, tribal, and language-access help

Living far from an office should not end an application. Ask about telephone applications, mailed forms, authorized representatives, mobile clinics, and transportation.

Tribal programs may provide additional health, housing, energy, food, and Lifeline support. Ask the tribal benefits office and the relevant federal program.

Federal agencies and many funded programs provide free language assistance. Do not pay a stranger to translate sensitive documents when the agency can provide an interpreter.

What to say

"I need free language assistance and an accessible way to apply from my location. Please document that request on my case."

49. Social Security overpayment notices

An overpayment notice means Social Security believes it paid more than it should have. It does not mean you must agree without checking the dates and calculation.

You may appeal if you believe the amount or reason is wrong. You may request a waiver if the overpayment was not your fault and repayment would be unfair or create hardship. You may also request a lower recovery rate.

If you submit an appeal or waiver request within 30 days of the notice, Social Security says collection will not begin until it decides the request.

What to say

"I need the month-by-month calculation and the reason for this overpayment. I want to preserve my appeal and waiver rights before collection begins."

Keep the envelope and notice. Ask which form applies. A request to change the recovery rate uses Form SSA-634. Do not miss a deadline while waiting for a phone call.

50. Ask a hospital for financial assistance

Tax-exempt hospitals must maintain a written Financial Assistance Policy for emergency and medically necessary care. It explains eligibility, discounts, how to apply, and collection procedures.

Financial assistance can help insured patients too. A person may still have a large deductible, coinsurance, or out-of-network bill.

Before entering a payment plan

Say:

“Please send me the hospital’s Financial Assistance Policy and application. Put collection activity on hold while my completed application is reviewed.”

Ask for an itemized bill and compare it with the Medicare Summary Notice or Explanation of Benefits. Confirm whether every provider on the bill is covered by the hospital policy.

Do not place a large medical bill on a credit card before checking insurance corrections, QMB protection, an appeal, and hospital assistance.

Ask About Medicaid and Health-Cost Assistance



Photo illustration

51. Medicare home health care

Medicare can cover eligible part-time or intermittent skilled home health services when a health-care provider orders the care and a Medicare-certified home health agency provides it.

Covered services can include skilled nursing, physical therapy, occupational therapy, speech-language pathology, medical social services, and limited home health aide care when skilled services are also being received.

Medicare does not generally pay for 24-hour home care, meal delivery, routine housekeeping unrelated to the care plan, or personal care when that is the only need.

Ask the doctor

“Do I meet Medicare’s home-health requirements, and will you write an order that describes the skilled care I need at home?”

The agency should explain in writing when it believes Medicare will not pay. Ask for the notice before accepting an uncovered service.

52. Medicare hospice benefits

Hospice is end-of-life care for a person with a terminal illness who chooses comfort-focused care under Medicare's rules.

Medicare Part A covers eligible hospice care in two 90-day benefit periods followed by unlimited 60-day periods when the person continues to qualify and is recertified.

Hospice usually does not pay room and board at home, in assisted living, or in a nursing home. Care for health problems unrelated to the terminal illness can continue under regular Medicare rules.

Ask for the written addendum

"Please give me the Hospice Election Statement and the addendum showing every drug, item, or service the hospice considers unrelated and therefore will not cover."

The patient has the right to participate in the care plan, receive pain and symptom management, and change hospice providers under the program's rules.

53. Nursing-home and assisted-living complaints

Every state has a Long-Term Care Ombudsman program. Ombudsmen help residents of nursing homes, assisted-living communities, board-and-care homes, and similar settings resolve problems involving health, safety, welfare, and rights.

Common complaints include discharge or eviction, medication, food, staffing, response to requests, and abuse.

What to say

“I need the Long-Term Care Ombudsman for this facility. The problem is [one sentence], it began on [date], and the result I am requesting is [specific result].”

Call the Eldercare Locator at 800-677-1116 to find the local ombudsman. If there is immediate danger, call 911. A licensing complaint, Adult Protective Services report, or police report may also be appropriate depending on the problem.

54. Prescription assistance beyond Part D

If a medication remains unaffordable after Extra Help and plan review, ask about lower-cost therapeutic alternatives, formulary exceptions, manufacturer patient-assistance programs, nonprofit grants, and state pharmaceutical assistance.

Ask the prescriber and pharmacist

“Is there a covered generic or lower-cost alternative with the same treatment goal?”

“Can the office help with a formulary exception or manufacturer assistance application?”

Use Medicare’s official plan comparison and verify any assistance program through the drug manufacturer’s official site. Discount cards can sometimes help with drugs outside insurance, but purchases may not count toward the Part D out-of-pocket limit. Ask before choosing.

55. Funeral benefits and unclaimed life insurance

The Social Security one-time death payment is only \$255 and has eligibility and application rules. It is not a general funeral benefit.

Other possible sources include life insurance, employer benefits, union benefits, prepaid burial arrangements, a pension survivor payment, state or county indigent-burial help, and VA burial benefits for eligible veterans.

Search before paying every cost personally

- Review bank statements for insurance premiums.
- Contact former employers and unions.
- Search state unclaimed property.
- Use the National Association of Insurance Commissioners' life-insurance policy locator.
- Ask the funeral home for a written itemized price list before selecting services.

Do not assume the person had no policy because you cannot find paper records.

56. Renewals, moves, and household changes

Many needs-based programs require renewal. A missed letter can stop benefits even when eligibility has not changed.

Report moves to Social Security, Medicare plans, Medicaid, SNAP, housing programs, the post office, and any state program. Updating one agency does not update every other agency.

Make a renewal page

For each benefit, record:

- Renewal month.
- Reporting deadline.
- Online account and official phone number.
- Documents usually requested.
- Confirmation number after submission.

Say: “Please confirm that my renewal is complete, not merely received, and tell me whether anything is still missing.”

Review Benefits After Every Household Change



Photo illustration

57. Durable medical equipment

Medicare Part B can cover medically necessary durable medical equipment such as walkers, wheelchairs, hospital beds, oxygen equipment, and certain other items when program requirements are met.

The prescriber and supplier must satisfy Medicare's rules. Using a supplier that does not participate correctly can create a large bill.

Before accepting equipment

Ask:

"Is this supplier enrolled in Medicare, does it accept assignment, is the item rented or purchased, and what will I owe over the full rental period?"

Do not accept unsolicited braces or equipment from a caller. Confirm the order directly with your doctor and Medicare.

PART SIX: SOCIAL SECURITY DECISIONS MOST PEOPLE NEVER REVIEW

58. Find your exact full retirement age

Full retirement age is not simply 65. It depends on your year of birth. If you were born from 1943 through 1954, it is 66. It rises by two months for each birth year from 1955 through 1959. For anyone born in 1960 or later, it is 67.

Your Social Security statement shows estimates at different claiming ages. Compare the amount at your current age, full retirement age, and age 70. Then compare the total household income under each choice, including a spouse or survivor.

Ask Social Security: “Please show me my monthly retirement amount at three dates and tell me whether a spouse or survivor benefit changes the comparison.”

Do not choose an age because a friend chose it. The best date depends on health, work, savings, taxes, and the benefit another family member may later receive.

59. Correct an early claiming decision within 12 months

Someone who recently started retirement benefits may be able to withdraw the application using Form SSA-521. For retirement benefits, the request normally must be made within 12 months of the first month of entitlement.

Withdrawal is not free money. Benefits paid on the application generally must be repaid, including amounts paid to other people on the record and certain Medicare costs. Other affected beneficiaries may have to consent.

Ask before filing: “What is the complete repayment amount, who else must consent, and what happens to my Medicare coverage?”

Do not send SSA-521 until Social Security gives you the full consequence in writing. Once approved, the original application is treated as though it never took effect.

60. Voluntarily suspend after full retirement age

After reaching full retirement age, a worker may ask Social Security to suspend retirement payments so delayed retirement credits can build until age 70. This is different from withdrawing an application.

Suspension can also stop payments to other people receiving benefits on the worker's record, and Medicare premiums may need another payment method when they are no longer withheld from a Social Security check.

Ask: "If I suspend my retirement benefit, which family payments stop, how much will my own benefit grow, and how will I pay Medicare premiums?"

Get those four answers before choosing a start month.

61. Understand the earnings test without panicking

If you work while collecting retirement benefits before full retirement age, Social Security may withhold part of the benefit when earnings exceed the annual limit. In 2026, the lower annual limit is \$24,480. A different, higher limit applies during the year you reach full retirement age.

Withheld benefits are not handled like a permanent fine. At full retirement age, Social Security recalculates the payment to account for months in which benefits were withheld.

Ask: “Which months will be withheld, what earnings count, and what will my recomputed monthly amount be at full retirement age?”

Report expected earnings promptly. A late estimate can create an overpayment notice even when the underlying work was allowed.

62. Ask for recomputation after a strong work year

Social Security uses the highest 35 years of covered earnings. If you keep working after claiming, a new high-earning year can replace a lower year in the calculation.

Social Security usually reviews new earnings automatically, but an earnings record error or delayed posting can prevent the increase from appearing when expected.

Check: Open your Social Security statement after the year's wages post. Confirm the new year appears correctly. If it would replace a lower year, ask whether the benefit has been recomputed.

Keep the W-2 or Schedule SE for the year until the new earnings and any increase are visible.

63. Divorced spouse benefits after a 10-year marriage

A former spouse may qualify on an ex-spouse's record if the marriage lasted at least 10 years and the other requirements are met. The ex-spouse does not lose part of their own check because you ask for a screening.

Rules change depending on whether the former spouse is living or deceased, whether you remarried, your age, and your own work record.

Ask: "Please compare my own benefit with divorced-spouse and divorced-survivor possibilities on every qualifying marriage."

Bring marriage and divorce dates. Do not rely on what an ex-spouse or relative believes the record allows.

64. Survivor choices can differ from retirement choices

Retirement and survivor benefits have separate claiming rules. In some cases, a person can begin one type first and switch to the other later. The higher lifetime result is not always the same as taking the largest check today.

The survivor amount also depends on the deceased worker's claiming history. A reduced benefit taken early can affect what remains for a surviving spouse.

Ask for a written comparison: "Show me the survivor amount at each eligible start age, my own retirement amount at each start age, and whether I can take one before switching to the other."

Do not accept only one number over the phone when two benefit types may be available.

65. Check family and dependent benefits

A spouse, minor child, disabled adult child, or other eligible family member may qualify on a worker's record. A family maximum can limit the total paid on one record, but the worker's own payment is not simply divided into equal shares.

Eligibility can change after marriage, divorce, adoption, disability, school status, or the death of a worker.

Ask: "Please screen every person in this household for auxiliary, survivor, and disabled adult child benefits and explain any family maximum."

Use names and birth dates. A general question such as "Does my family get anything?" is more likely to miss a category.

66. The WEP and GPO repeal may require a record check

The Social Security Fairness Act repealed the Windfall Elimination Provision and Government Pension Offset for benefits payable after December 2023. People affected by pensions from work not covered by Social Security may have received adjustments or retroactive payments.

If you previously received a reduced payment or were told no spouse or survivor benefit was payable because of WEP or GPO, check the record rather than assuming the old decision still controls.

Ask: “Was my record reviewed after the WEP and GPO repeal, what month was corrected, and is any retroactive amount still pending?”

Verify the answer through your Social Security account or an official notice.

67. Choose federal tax withholding from Social Security

Social Security does not automatically solve the tax bill created by other income. You may ask for voluntary federal income tax withholding using Form W-4V.

Withholding can help someone who otherwise faces an unexpected balance at tax time. It does not determine whether benefits are taxable and it does not replace state tax planning.

Ask a tax preparer: “Using my pension, withdrawals, work income, and Social Security, should I change withholding or make estimated payments?”

Review the result after a large retirement-account withdrawal, sale, or change in marital status.

68. Representative payee: help without surrendering every right

Social Security may appoint a representative payee when a beneficiary cannot manage or direct the management of benefits. The payee must use the money for the beneficiary and keep records.

A representative payee is not automatically the same as a power of attorney, guardian, joint account owner, or person authorized to make medical decisions.

Ask: “What evidence supports the need for a payee, how can the beneficiary object, and what records must the payee keep?”

Report misuse to Social Security. If immediate safety or exploitation is involved, also contact Adult Protective Services or law enforcement.

PART SEVEN: MEDICARE BILLS, NOTICES, AND RIGHTS

69. Employer coverage, COBRA, and retiree coverage are not the same

Coverage based on current employment can create a Medicare Special Enrollment Period. COBRA and retiree coverage do not always protect a person from Part B late-enrollment penalties or coverage gaps in the same way.

Before leaving work or a spouse's employer plan, ask the benefits office to complete the employment-coverage documentation Medicare requires. Keep proof of the coverage dates.

Ask Medicare: "Was my coverage based on current employment, what is my Special Enrollment Period, and which documents prove it?"

Never cancel employer coverage until the effective date of Medicare and any supplement or drug coverage is confirmed.

70. Medigap open enrollment and guaranteed-issue rights

Federal Medigap open enrollment lasts six months beginning when a person is 65 or older and enrolled in Part B. During that window, medical underwriting cannot be used in the usual way to deny or price the policy based on health.

Later switches may require underwriting unless a guaranteed-issue right or a stronger state protection applies. Losing certain coverage can create a limited guaranteed-issue window.

Ask SHIP before changing anything: “Do I have a federal or state guaranteed-issue right, what proof must I save, and what is my deadline?”

Do not cancel an old policy until the new coverage is approved and its start date is confirmed. Medicare also describes a 30-day free-look period when changing Medigap policies in qualifying circumstances.

71. An ABN is a choice notice, not a final denial

In Original Medicare, a provider may give an Advance Beneficiary Notice of Noncoverage, or ABN, when it believes Medicare may not pay. The notice should identify the item, expected cost, and reason.

On the ABN, choosing the option that asks the provider to submit a claim preserves the path to an official Medicare decision and appeal. Choosing an option that says not to submit the claim can remove that appeal route.

Ask before signing: “Which service may be denied, what is the estimated cost, and which option sends a claim to Medicare?”

Keep a copy. A blank, rushed, or unexplained ABN should not be treated as routine paperwork.

72. Inpatient versus observation status

Staying overnight in a hospital does not automatically mean you are an inpatient.

Observation is outpatient status and can change cost-sharing and access to later skilled nursing facility coverage.

Ask the hospital every day: “Am I an inpatient or outpatient under observation?” If the hospital changes you from inpatient to observation, request the written status notice and ask immediately about the fast appeal right.

Keep the Medicare Outpatient Observation Notice, Medicare Summary Notice, itemized bill, and hospital records. Medicare’s current appeal rules can be time-sensitive.

73. The skilled nursing facility checklist

Medicare coverage for skilled nursing facility care depends on more than living in a nursing facility. The person must meet coverage requirements for skilled care, qualifying hospital status when required, timing, and a Medicare-certified facility.

Ask the discharge planner to confirm in writing:

- The inpatient admission dates.
- Whether the facility is Medicare-certified.
- Which skilled need supports coverage.
- The expected covered days and daily cost.
- The appeal deadline if coverage is ending.

Do not wait for a bill to discover that hospital observation days were not counted as inpatient days.

74. Fast appeals when care is ending

Medicare notices can provide fast appeal rights when a hospital, skilled nursing facility, home health agency, hospice, or rehabilitation provider plans to end covered services.

The deadline can be extremely short. Read any notice with “termination,” “noncoverage,” “discharge,” or “appeal” on the day it arrives.

Say: “I want to request the fast appeal described on this notice. Please give me the case number and submission deadline.”

Ask the treating clinician to document why continued care is medically necessary. A customer-service complaint is not the same as a formal appeal.

75. Medicare ambulance coverage

Medicare generally covers ambulance transportation when another form of transportation would endanger health and the other coverage rules are met. Convenience alone is not enough.

For some scheduled, non-emergency trips, prior authorization or repeated-transport rules may apply. A denial may turn on the medical record rather than the fact that an ambulance was used.

Ask: “What medical facts show that other transportation was unsafe, and did the supplier submit the required documentation?”

Keep the trip report, physician order when relevant, Medicare Summary Notice, and denial reason.

76. Diabetes supplies, shoes, and training

Medicare coverage for diabetes can involve Part B supplies, Part D insulin or drugs, training, exams, and therapeutic shoes under separate rules. The pharmacy or supplier must be properly enrolled, and prescriptions must contain the required details.

Ask SHIP or Medicare: “Which of my items are Part B, which are Part D, and is my pharmacy or supplier enrolled and accepting assignment?”

When a claim is denied, identify whether the problem is the item, frequency, supplier, prescription wording, or missing documentation before paying cash.

77. Vaccines can be billed under different parts

Many preventive vaccines are covered without cost-sharing when Medicare's requirements are met, but the billing route can differ between Part B and Part D.

Ask the pharmacy or clinician to check the correct Medicare benefit before administering the vaccine. A pharmacy saying "not covered here" may mean the billing channel is wrong, not that the vaccine is never covered.

Ask: "Is this vaccine billed to Part B or Part D, is this location in network, and what will I owe before it is given?"

78. Mental health and substance-use coverage

Medicare covers many outpatient and inpatient mental health services when requirements are met. Costs can change with the setting, provider participation, deductible status, and whether the provider accepts assignment.

For urgent safety concerns, use emergency services or call 988. For routine care, ask the plan for an in-network list and verify that the individual clinician is accepting new patients.

Ask: “Is this provider enrolled, in network for my exact plan, accepting assignment, and authorized for the service?”

79. Coordination of benefits: decide who pays first

Medicare, employer coverage, retiree insurance, workers' compensation, liability insurance, Medicaid, and VA coverage can interact. The primary payer must process the claim before the secondary payer.

A claim sent in the wrong order can look like a denial even when coverage exists.

Ask Medicare's coordination office and each plan: "Who is primary on the date of service, who is secondary, and is the record updated?"

Keep the reference number after reporting retirement, a spouse's job change, an accident, or the end of other insurance.

80. Complaint, grievance, coverage request, and appeal

These words start different processes. A complaint or grievance addresses service quality or plan behavior. A coverage request asks the plan to approve an item, service, or drug. An appeal challenges an unfavorable decision.

When money or treatment is at stake, say the exact process you want.

Use this sentence: “I am requesting a formal coverage determination and, if denied, the written decision with appeal instructions.”

If delay could seriously harm health, ask whether an expedited decision is available.

PART EIGHT: MEDICAID AND LONG-TERM CARE BEFORE A CRISIS

81. Spousal impoverishment protections

When one spouse needs institutional or certain home- and community-based Medicaid services, federal spousal-impoverishment rules can protect some income and resources for the spouse who remains at home.

The protected amounts change and states apply the rules within federal ranges. Do not give away assets or drain the community spouse's account based on a nursing home rumor.

Ask the state Medicaid agency: "Please calculate the community spouse resource allowance and monthly maintenance needs allowance for our case."

Request the calculation in writing before signing a private-pay agreement or transferring property.

82. Medicaid estate recovery

Federal law requires states to seek recovery in certain circumstances for some Medicaid costs paid after age 55, especially nursing-facility and related long-term-care services. States differ in scope, procedure, exemptions, hardship rules, and liens.

Estate recovery is not the same as an immediate bill every Medicaid recipient owes. A surviving spouse and certain children can affect when recovery is allowed.

Ask before enrollment or property transfer: “Which services are subject to recovery, what property can be claimed, and what spouse, child, caregiver, or hardship protections apply?”

Get state-specific legal help before changing a deed.

83. HCBS waivers and waiting lists

Home and Community-Based Services waivers can provide personal care, adult day services, respite, home modifications, or other supports that help a person remain outside an institution. Benefits and eligibility differ by state and by waiver.

Some programs have waiting lists. A person can qualify financially yet wait for a service slot.

Ask: “Which waiver fits my functional needs, is there a waiting list, what date was I added, and can I receive any state-plan service while waiting?”

Keep proof of the application date and ask how often continued interest must be confirmed.

84. Self-directed care and paying a family caregiver

Some Medicaid programs allow the participant to direct services and hire certain family members. The person allowed to be paid, hourly rate, training, timekeeping, and spouse rules vary.

Do not begin informal paid care and assume reimbursement will be retroactive.

Ask: “Does this program offer self-direction, which relatives may be paid, when can paid hours begin, and who handles payroll?”

Also ask the Area Agency on Aging about non-Medicaid caregiver support, respite, and training.

85. Medicaid fair hearings

A denial, reduction, termination, or failure to act can carry a right to a state fair hearing. The notice should explain the reason, legal basis, deadline, and how to request review.

In some situations, requesting a hearing before a stated date can preserve services while the appeal is pending, although repayment risk may exist if the decision is upheld.

Say: “I am requesting a fair hearing and want to know the deadline for continued benefits pending appeal.”

Keep the envelope, notice, medical evidence, financial proof, and confirmation that the hearing request was received.

PART NINE: TAX SAVINGS AND MONEY RECOVERY

86. The enhanced senior deduction for 2026

Eligible taxpayers age 65 or older may claim an enhanced deduction of up to \$6,000 per qualifying person, or up to \$12,000 when both spouses qualify on a joint return. It is separate from the existing additional standard deduction for age.

The enhanced amount phases out above modified adjusted gross income of \$75,000 for an individual or \$150,000 for joint filers.

Ask the preparer: “Did you calculate both the regular age-based additional standard deduction and the enhanced senior deduction?”

Do not accept “you take the standard deduction” as proof that both were included.

87. Credit for the Elderly or the Disabled

Some people age 65 or older, or retired on permanent and total disability with taxable disability income, may qualify for the federal Credit for the Elderly or the Disabled. Income limits apply.

The credit is figured with Schedule R. The IRS states that the base amounts used in the calculation range from \$3,750 to \$7,500, but the final credit depends on the return.

Ask: “Did you test Schedule R, or did the software skip it because of an assumption about my income?”

88. Medical and dental expense deduction

If you itemize, qualified medical and dental expenses above the tax-law threshold may be deductible. The list can include more than doctor bills: certain insurance premiums, travel, equipment, home modifications for medical care, hearing and vision costs, and qualified long-term-care expenses may matter.

Use IRS Publication 502 and keep a yearly total rather than deciding receipt by receipt that nothing will count.

Ask: “Please total every eligible expense for me, my spouse, and dependents before comparing it with the threshold.”

89. Selling a main home

The federal main-home sale exclusion can shelter up to \$250,000 of gain, or up to \$500,000 on a qualifying joint return, when ownership and use tests are met. This is gain, not the sale price.

Periods of rental use, business depreciation, a previous exclusion, divorce, widowhood, or moving because of health or work can change the result.

Before listing the home, ask: “What is our adjusted basis, estimated gain, available exclusion, and documentation for improvements?”

Keep closing statements and receipts for major improvements. Do not wait until years after the sale to reconstruct basis.

90. First-time penalty abatement and payment options

The IRS may remove certain failure-to-file, failure-to-pay, or failure-to-deposit penalties for a taxpayer with a clean compliance history under First Time Abate rules. Interest generally follows separate rules.

Other routes can include a payment plan, temporary collection delay, penalty reasonable cause, or an offer in compromise when requirements are met.

Ask the IRS or an enrolled professional: “Which part of this balance is tax, penalty, and interest, and do I qualify for First Time Abate or another collection alternative?”

Never pay a settlement company before confirming the same options directly with the IRS.

Use Trusted Free Tax-Preparation Resources



Photo illustration

PART TEN: HOUSING, HOME SAFETY, AND DISASTER HELP

91. Section 202 housing for older adults

HUD's Section 202 program supports affordable housing for older adults, usually through individual properties with their own applications and waiting lists. It is different from a general Housing Choice Voucher.

Call the local Public Housing Agency and Area Agency on Aging, then search HUD resources for senior properties. Apply to more than one legitimate waiting list when allowed.

Ask each property: "Is the waiting list open, what age and income rules apply, what documents are required, and how do I keep my application active?"

92. Housing Choice Vouchers and waiting-list maintenance

Housing Choice Vouchers are administered locally. A list can be closed, open briefly, or use a lottery. Placement on a list is not the same as receiving assistance.

The biggest preventable loss is missing a letter or failing to report a new address.

Do this: Keep copies of every application. Confirm the mailing address, email, phone, and annual check-in rule with each Public Housing Agency.

Never pay a fee to join an official voucher waiting list.

93. Reverse mortgage obligations after closing

A Home Equity Conversion Mortgage can allow an eligible homeowner age 62 or older to use home equity, but the borrower must still meet occupancy, property-tax, homeowners-insurance, and maintenance obligations.

A paid-off first mortgage does not remove those ongoing duties. Failure can create default risk.

Ask a HUD-approved HECM counselor: “What events make the loan due, what must be paid every year, and what options would a surviving spouse have?”

HUD’s housing-counseling line is 800-569-4287.

94. Foreclosure help before the sale date

The earlier a homeowner contacts the servicer and a HUD-approved housing counselor, the more loss-mitigation choices may remain. Waiting until a scheduled sale can close options.

Foreclosure-prevention counseling through HUD-approved agencies is available without a counseling fee. Ask for a complete list of loss-mitigation paths and the documents needed for review.

Say: “I am requesting loss-mitigation assistance. Please tell me the complete application requirements, review timeline, and whether a sale is scheduled.”

95. Fair housing and disability accommodations

Federal fair-housing law can protect people from discrimination and may require reasonable accommodations for disability. An accommodation changes a rule or procedure; a reasonable modification changes a physical feature and may involve separate payment rules.

Make the request in writing: Identify the disability-related need, the specific rule or change requested, and the connection between them. A medical provider may support the need without disclosing every diagnosis.

Contact HUD or local legal aid if a request is ignored or denied without a clear reason.

96. FEMA and disaster recovery records

After a declared disaster, assistance can involve FEMA, insurance, state programs, SBA disaster loans, tax relief, and local nonprofits. They do not automatically share every document.

Photograph damage before repairs when safe. Keep receipts, insurance letters, application numbers, contractor estimates, proof of occupancy, and ownership or lease records.

Ask after a denial: “Which specific eligibility fact or missing document caused the denial, and what is the appeal deadline?”

Do not assume an insurance denial automatically creates FEMA eligibility; submit the actual insurance decision.

Document Damage and Keep Disaster Records



Photo illustration

PART ELEVEN: DAILY LIVING HELP THAT IS EASY TO MISS

97. Medicaid non-emergency medical transportation

State Medicaid programs generally must assure necessary transportation to covered medical care, but booking rules, eligible providers, notice periods, and mileage reimbursement differ.

Ask the state Medicaid plan: “How do I book non-emergency medical transportation, how much notice is required, and can a family driver receive mileage reimbursement?”

Keep the appointment date, authorization number, pickup window, and complaint number if a ride fails.

98. ADA paratransit

Public transit systems that operate fixed-route service may provide complementary paratransit for people whose disability prevents use of the regular system under qualifying conditions. Eligibility is based on functional ability, not age alone.

Ask the local transit authority: “Please send the ADA paratransit application and explain the appeal process if eligibility is limited or denied.”

Describe what prevents use of fixed-route transit, including getting to the stop, navigating the system, and safely waiting or transferring.

Transportation Help Can Protect Access to Care



Photo illustration

99. Utility shutoff and medical protections

States and utilities may offer seasonal shutoff limits, medical-certification protections, payment plans, budget billing, arrearage programs, and emergency funds. These are separate from LIHEAP.

Call before disconnection: “Please screen this account for every senior, disability, medical, seasonal, and hardship protection and tell me what stops the shutoff today.”

Ask whether a clinician must complete a form and whether the protection must be renewed.

100. Community health centers and sliding fees

HRSA-funded health centers provide primary and preventive care and use sliding-fee policies based on ability to pay. Services can include medical, dental, behavioral health, and pharmacy support, depending on the center.

Use findahealthcenter.hrsa.gov to locate a center.

Ask: “What proof is needed for the sliding-fee discount, which services are available here, and can you help with prescription-assistance applications?”

101. Manufacturer and nonprofit prescription assistance

Drug manufacturers and nonprofit programs may offer free or discounted medication for eligible patients. These programs are separate from Medicare Extra Help and a plan formulary.

Use the exact drug name, dose, insurance status, and household income. Confirm the program through the manufacturer's official site or a trusted counselor.

Ask the prescriber: "Is there a lower-cost covered alternative, manufacturer program, foundation fund, or 90-day option for this exact medicine?"

Never buy from a caller who contacted you first.

PART TWELVE: PROTECT YOUR MONEY AND YOUR DECISIONS

102. Place a free credit freeze

A credit freeze limits access to a credit file and can make it harder for an identity thief to open a new account. Federal law gives consumers the right to freeze files for free.

Contact Equifax, Experian, and TransUnion separately. Save the account credentials used to lift or temporarily remove each freeze.

A paid “credit lock” is not required to obtain this protection, and a freeze does not lower a credit score.

103. Identity theft recovery order

If identity theft occurs, first stop new access: contact the bank or creditor, change compromised passwords, and freeze credit files. Then use [IdentityTheft.gov](https://www.identitytheft.gov) to create a recovery plan and report.

Keep a timeline with dates, account numbers, police or FTC report numbers, letters, and delivery proof.

Say to a creditor: “This account or transaction resulted from identity theft. Please block further activity and send the fraud-dispute requirements in writing.”

104. Medical bills: request the itemized version

A balance statement often hides the information needed to find an error. Request the itemized bill, insurer explanation of benefits, billing codes, payments, adjustments, and patient-responsibility calculation.

Compare dates, provider names, duplicate services, insurance processing, and whether financial assistance was applied.

Say: “Place the account on hold while I dispute it. Please send an itemized bill and the written reason this amount is my responsibility.”

Do not ignore a court summons or collection notice while the billing dispute is pending.

105. Nursing home transfer and discharge rights

Residents of Medicare- or Medicaid-certified nursing facilities have rights concerning notice, transfer, discharge, care planning, and appeals. A facility cannot treat a verbal statement such as “you need to leave tomorrow” as the entire legal process.

Request the written notice, reason, effective date, destination, and appeal instructions. Contact the Long-Term Care Ombudsman immediately.

Say: “I am challenging this transfer or discharge and want the written notice and appeal deadline.”

106. Trusted contacts without giving account authority

Some financial institutions allow a customer to name a trusted contact. The institution may contact that person when it suspects exploitation, cannot reach the customer, or sees concerning activity.

A trusted contact generally does not receive transaction authority, ownership, or power of attorney merely because they are listed.

Ask the bank or brokerage: “What can a trusted contact see or do, when would you call them, and how do I update the person later?”

107. Power of attorney: match the document to the job

A financial power of attorney, health-care proxy, advance directive, representative payee appointment, and authorized representative for a benefit program are different tools.

One document does not automatically work for every agency. Banks and benefit programs may have their own acceptance or authorization process.

Make a list: banking, taxes, Social Security, Medicare, Medicaid, insurance, property, and medical decisions. Ask an elder-law attorney which authority covers each job under state law.

Match Legal Authority to the Decision at Hand



Photo illustration

PART THIRTEEN: LIFE-CHANGE PLAYBOOKS

108. The first month after a spouse dies

Order multiple certified death certificates, protect incoming mail, secure accounts, and list every employer, pension, insurance policy, benefit, debt, and property title.

Contact Social Security about survivor benefits and the death payment. Contact pension administrators before choosing a payout. Notify Medicare and health plans, but do not cancel coverage belonging to the surviving spouse.

Ask every institution for the deadline, required documents, and whether payments will pause during review.

109. Moving to another state

Social Security retirement continues nationally, but Medicaid, Medicare Advantage, Part D networks, property-tax relief, SNAP, utility help, and caregiver services can change after a move.

Before moving, compare health-plan service areas, prescription networks, Medicaid rules, housing costs, property taxes, and waiting lists.

Ask: “Which benefits end on the move date, which require a new application, and does the move create a Medicare Special Enrollment Period?”

110. Marriage, divorce, or separation after retirement

A marital change can affect Social Security screening, SSI household calculations, Medicare coverage through a spouse, Medicaid, taxes, pensions, beneficiaries, property title, and estate documents.

Do not update only one agency. Use one checklist and record the effective date each institution applied.

Review beneficiary forms separately from the will. Many accounts pass under the beneficiary designation on file.

111. Becoming a caregiver overnight

Start with a safety and task list: medications, appointments, mobility, meals, bathing, transportation, finances, and emergency contacts. Then call the Area Agency on Aging for a caregiver assessment.

Ask about respite, training, adult day services, transportation, meals, home modifications, support groups, and Medicaid self-directed care.

Do not promise one person unlimited care. Build a written weekly plan with backups before exhaustion becomes a crisis.

112. A hospital discharge that feels unsafe

Ask for the discharge plan, medication list, follow-up appointments, equipment orders, home-health referral, transportation, and warning signs in writing.

If Medicare-covered care is ending, request the applicable notice and appeal instructions. Ask for the hospital patient advocate or case manager when the destination or support plan is unsafe.

Say: “Please document the care I cannot safely perform at home and explain the appeal or review available before discharge.”

113. Grandparents raising grandchildren

Grandfamilies may qualify for child-only benefits, school enrollment help, nutrition assistance, Medicaid or CHIP for the child, kinship support, tax benefits, and legal-caregiver arrangements.

Call the Area Agency on Aging and state child or family agency. Ask for a kinship navigator rather than applying only as though the grandparent were the child's parent.

Ask: "Which benefits are based on the child's income rather than the entire household, and what legal document is needed for school and medical decisions?"

Caregiving Often Involves the Whole Family



Photo illustration

PART FOURTEEN: WORKSHEETS THAT TURN INFORMATION INTO MONEY

114. The benefit priority matrix

Write every possible program in one of four boxes:

- Urgent: shutoff, eviction, loss of care, appeal, or deadline within 30 days.
- High value: recurring monthly help or a large refund.
- Easy win: one call or form with documents already available.
- Later: useful but no immediate deadline.

Work urgent first, then high value. Do not spend a week chasing a small discount while a Medicare or housing appeal expires.

115. The application tracker

For every application, record:

- Program and agency.
- Date submitted and method.
- Confirmation or case number.
- Documents sent.
- Missing items and deadline.
- Next follow-up date.
- Renewal month.

If there is no confirmation number, there is no reliable proof that the application entered the system.

116. The denial and appeal tracker

Copy the exact denial reason, not a summary. Record the notice date, appeal deadline, level of appeal, address or portal, and evidence needed to answer that reason.

Build the appeal around the issue stated in the notice. A general letter saying the decision is unfair is weaker than a document that corrects the exact fact used.

117. The annual household change review

Repeat a complete review after any of these events:

- Income rises or falls.
- A spouse dies or enters care.
- Marriage or divorce.
- Move or deed change.
- New disability or caregiver need.
- Employer coverage ends.
- Large retirement withdrawal or sale.
- Benefit denial or overpayment.

The program that said no last year may say yes after the household changes.

THE 50-STATE BENEFITS NAVIGATOR

This section is not a list of old income limits. It is a route to the office that controls the current rule in your state.

For every state, use five doors:

1. Aging and caregiver help: Eldercare Locator at 800-677-1116 or eldercare.acl.gov.
2. Medicare counseling: SHIP at 877-839-2675 or shiphelp.org/ships.
3. Medicaid and long-term care: the state agency listed at medicaid.gov/about-us/where-can-people-get-help-medicaid-chip.
4. Property tax: the assessor or tax office for the county, city, town, or parish where the home is located.
5. Food, utilities, housing, transport, and crisis help: call 211 and ask for a complete senior screening.

Use the Medicaid program name below so you know what to ask for. Then ask the state agency about full Medicaid, Medicare Savings Programs, nursing-home coverage, home- and community-based waivers, self-directed care, and a fair hearing after denial.

Track Applications, Renewals, and Deadlines



Photo illustration

Northeast

State	Medicaid name to ask for	Property-tax starting point
Connecticut	Connecticut Medicaid / HUSKY Health	Town assessor and tax collector
Maine	MaineCare	Municipal assessor
Massachusetts	MassHealth	City or town assessor
New Hampshire	New Hampshire Medicaid	Municipal assessing office
New Jersey	NJ FamilyCare / New Jersey Medicaid	Municipal tax assessor
New York	New York Medicaid	County social services and local assessor
Pennsylvania	Medical Assistance	County assessment office
Rhode Island	Rhode Island Medicaid	City or town tax assessor
Vermont	Vermont Medicaid / Green Mountain Care	Town lister or assessor

Questions for Northeast homeowners

“Please check senior exemptions, circuit-breaker credits, assessment freezes or caps, renter credits, and deferral programs for this address. Which benefit is filed with the town, and which is claimed on the state tax return?”

South

State	Medicaid name to ask for	Property-tax starting point
Alabama	Alabama Medicaid	County revenue commissioner or tax assessor
Arkansas	Arkansas Medicaid	County assessor and collector
Delaware	Delaware Medicaid	County assessment office
Florida	Florida Medicaid	County property appraiser and tax collector
Georgia	Georgia Medicaid	County tax assessor
Kentucky	Kentucky Medicaid	County property valuation administrator
Louisiana	Louisiana Medicaid	Parish assessor
Maryland	Maryland Medicaid	State Department of Assessments and Taxation
Mississippi	Mississippi Medicaid	County tax assessor
North Carolina	NC Medicaid	County tax office
Oklahoma	SoonerCare	County assessor

State	Medicaid name to ask for	Property-tax starting point
South Carolina	Healthy Connections Medicaid	County assessor
Tennessee	TennCare	County property assessor
Texas	Texas Medicaid	County appraisal district and tax office
Virginia	Cardinal Care / Virginia Medicaid	Local commissioner of revenue or assessor
West Virginia	West Virginia Medicaid	County assessor
District of Columbia	DC Medicaid	Office of Tax and Revenue

Questions for Southern homeowners

“Does my state or county offer a homestead exemption, senior ceiling, school-tax exemption, disability or veteran exemption, circuit breaker, installment plan, or deferral? Does the benefit transfer automatically after a spouse dies or a deed changes?”

Midwest

State	Medicaid name to ask for	Property-tax starting point
Illinois	Illinois Medical Assistance	County assessor or township assessor
Indiana	Indiana Medicaid	County assessor and auditor
Iowa	Iowa Medicaid	County assessor and treasurer
Kansas	KanCare	County appraiser and treasurer
Michigan	Michigan Medicaid	City or township assessor
Minnesota	Minnesota Health Care Programs	County assessor
Missouri	MO HealthNet	County assessor
Nebraska	Nebraska Medicaid	County assessor
North Dakota	North Dakota Medicaid	County or city assessor
Ohio	Ohio Medicaid	County auditor
South Dakota	South Dakota Medicaid	County director of equalization
Wisconsin	Wisconsin Medicaid / BadgerCare Plus	Municipal assessor and county treasurer

Questions for Midwestern homeowners

“Is the help an exemption, credit, freeze, rebate, or loan? Does it reduce this bill now, arrive through the income-tax return, or become debt against the home?”

West

State	Medicaid name to ask for	Property-tax starting point
Alaska	Alaska Medicaid	Borough or municipal assessor where applicable
Arizona	AHCCCS	County assessor and treasurer
California	Medi-Cal	County assessor and tax collector
Colorado	Health First Colorado	County assessor and treasurer
Hawaii	Med-QUEST	County real property tax division
Idaho	Idaho Medicaid	County assessor
Montana	Montana Medicaid	County property assessment office
Nevada	Nevada Medicaid	County assessor and treasurer
New Mexico	New Mexico Medicaid	County assessor and treasurer
Oregon	Oregon Health Plan	County assessor and tax collector
Utah	Utah Medicaid	County assessor and treasurer

State	Medicaid name to ask for	Property-tax starting point
Washington	Apple Health	County assessor and treasurer
Wyoming	Wyoming Medicaid	County assessor and treasurer

Questions for Western homeowners

“Does this program reduce taxable value, cap annual growth, refund tax already paid, or postpone payment? What residency, ownership, age, income, and annual renewal rules apply?”

STATE-BY-STATE CALL CARD

Use one copy of this card for every program.

State and local screening

State: _____ County/city: _____

Official program name: _____

Agency and phone: _____

Application deadline: _____ Renewal month: _____

Ask these questions:

- What is the current income limit for my household?
- Which income and resources are excluded?
- Is there a separate rule for age, disability, widowhood, caregiving, or veteran status?
- Does the program remove money, return money, freeze a value, or create a repayable balance?
- Can benefits begin retroactively?
- What proof of residency and ownership is required?
- What happens after a spouse dies, ownership changes, or the household moves?

- What is the exact appeal deadline and where is the appeal sent?

Write the employee's name, date, and confirmation number before ending the call.

FORMS AND NOTICES: WHAT EACH ONE ACTUALLY DOES

Do not collect forms just because their titles sound useful. Start with the decision you need, then use the form that opens that exact process.

Social Security forms

Form	Use it for	Important caution
SSA-44	Ask Social Security to lower an income-related Medicare surcharge after a qualifying life-changing event	It is not a general appeal of every Medicare premium
SSA-521	Request withdrawal of a Social Security application	Retirement withdrawal normally has a 12-month limit and repayment consequences
SSA-561-U2	Request reconsideration of many initial Social Security decisions	Follow the deadline on the notice and answer the exact reason
SSA-632-BK	Ask SSA to waive recovery of an overpayment	Waiver and appeal are different; use the route that matches the dispute
SSA-634	Ask SSA to change the overpayment recovery rate	It does not by itself erase the overpayment
SSA-1696	Appoint a representative for a Social Security claim	Confirm what the representative may do and whether a fee is involved

Form	Use it for	Important caution
W-4V	Request voluntary federal tax withholding from certain government payments	Choose withholding based on the full tax picture, not Social Security alone

Medicare forms and notices

Form or notice	Use it for	Important caution
CMS-40B	Apply for Medicare Part B	A Special Enrollment Period may also require employment proof
CMS-L564	Request employment information supporting a Part B Special Enrollment Period	Coverage based on current employment matters; COBRA is different
CMS-20027	Request a redetermination of an Original Medicare claim	Use the address and deadline on the Medicare Summary Notice
CMS-1696	Appoint a representative for a Medicare appeal or claim	The representative role is limited to the Medicare matter described
ABN, CMS-R-131	Notice that Original Medicare may not pay for an item or service	The option selected affects whether a claim and appeal can occur
MOON, CMS-10611	Notice that a hospital patient is receiving outpatient observation services	Observation can affect costs and later skilled nursing coverage
Medicare Change of Status Notice, CMS-10868	Notice used when a hospital changes eligible patients from inpatient to observation	Fast appeal timing can be short

Form or notice	Use it for	Important caution
NOMNC, CMS-10123	Notice that certain covered services are ending	Read the fast-appeal deadline immediately

Tax forms commonly relevant after 65

Form	Use it for	Important caution
Form 1040-SR	Optional federal return format for taxpayers age 65 or older	It does not create a separate tax rate by itself
Schedule R	Credit for the Elderly or the Disabled	Income and disability requirements apply
Schedule A	Itemized deductions, including qualifying medical expenses	Compare itemized deductions with the standard deduction
Form 8949 and Schedule D	Report many capital asset sales	Home-sale exclusions and basis still require separate analysis
Form 5329	Report certain retirement-plan taxes and request relief in some situations	Attach the explanation required for the specific issue
Form 8880	Credit for Qualified Retirement Savings Contributions	Income and eligibility limits apply, including rules for full-time students and dependents

Forms that are local, not national

There is no single federal form for a senior property-tax exemption, SNAP, Medicaid long-term care, utility assistance, paratransit, or a state caregiver program.

Use these exact words:



“Please send me the current application for this program in my state or county, the instructions, document checklist, deadline, renewal rule, and appeal form.”

Check the issuing agency and revision date before filling anything out. A form from another county or an older year can look correct and still be rejected.

DEADLINE TRIAGE: WHAT TO OPEN FIRST

Same day

- Utility shutoff, eviction, foreclosure sale, loss of medication, unsafe discharge, benefit termination, or suspected financial exploitation.
- Medicare or facility notice offering a fast appeal.
- Court summons, garnishment notice, or tax levy notice.

Within seven days

- Missing-document request.
- Medicaid renewal or fair-hearing notice.
- Medicare Advantage, Part D, or Original Medicare denial.
- Property assessment notice with an appeal window.

Within 30 days

- Social Security overpayment or reconsideration notice.
- Housing waiting-list update.
- Insurance termination or move outside a plan service area.

Always use the actual date printed on the notice. This page tells you priority, not the legal deadline for your case.

READY-TO-USE CALL SCRIPTS

Complete benefits review

“I am a senior living in ZIP code [ZIP]. My household has [number] people and approximate monthly income of [amount]. Please screen me for every current federal, state, county, utility, and nonprofit program, including programs with deductions or higher local limits.”

Medicare review

“Please review my Medicare costs using my actual doctors, prescriptions, pharmacy, and income. Screen me for QMB, SLMB, QI, Extra Help, IRMAA relief, billing errors, and appeal rights.”

Property tax

“Please check every homestead, senior, income-based, disability, widow, veteran, freeze, rebate, circuit-breaker, and deferral program for this address. Tell me what removes money and what must be repaid.”

After a denial

“Please give me the exact reason in writing, the rule used, the appeal deadline, and the evidence that would correct the problem.”

When told you make too much

“Is that gross income or countable income? Which deductions and exclusions did you apply? Is there a medically needy, spend-down, hardship, or state-specific route?”

When a document is missing

“Please list every acceptable substitute for that document and note my case that I requested more time to obtain it.”

Share Reliable Information With Your Community



Photo illustration

YOUR ONE-WEEK ACTION PLAN

Day 1: Make the folder

Gather benefit letters, tax return, bank statements, Medicare cards, medication list, housing cost, and recent notices.

Day 2: Run the screening

Use USA.gov Benefit Finder and call the Eldercare Locator.

Day 3: Lower Medicare costs

Call SHIP and ask for the complete Medicare review.

Day 4: Check food and utilities

Call 211 and ask for SNAP, meals, LIHEAP, weatherization, and transport.

Day 5: Check housing and property tax

Call the assessor if you own. Call the Public Housing Agency if you rent.

Day 6: Check Social Security and taxes

Review the earnings record and schedule TCE help if needed.

Day 7: Follow up

Write confirmation numbers, missing documents, deadlines, renewal dates, and appeal dates on one page.

ANNUAL BENEFITS CALENDAR

January

Save Social Security, pension, Medicare, and tax documents. Check the new year's program limits.

February through April

Use TCE or Tax-Aide. Claim state property-tax or renter credits filed with the tax return.

Spring and summer

Check property assessment notices immediately. Appeal deadlines can be short.

Before heating or cooling season

Apply for LIHEAP and weatherization before funds are exhausted.

October 15 through December 7

Review Medicare health and drug coverage for the next year. Compare real prescriptions and providers.

Every month

Read benefit notices, medical bills, bank statements, and renewal letters. Report household changes when required.

QUICK GLOSSARY

Appeal: a formal request to review a decision.

Assessment: the value a local government uses to calculate property tax.

Coinsurance: your percentage of an approved medical cost.

Copayment: a fixed amount you pay for a service or prescription.

Countable income: the income a program uses after its own exclusions and deductions.

Deductible: the amount you pay before coverage begins paying under its rules.

Deferral: payment delayed to a later date, often with repayment conditions.

Dual eligible: a person who has both Medicare and Medicaid.

Formulary: a drug plan's list of covered medications.

HCBS: Home and Community-Based Services.

IRMAA: an income-related extra charge added to Medicare Part B and Part D.

Medigap: private supplemental insurance that helps cover gaps in Original Medicare.

Prior authorization: plan approval required before certain care or drugs are covered.

Resource limit: savings or property a needs-based program counts.

SHIP: free State Health Insurance Assistance Program counseling.

Spend-down: a state Medicaid route that may allow certain medical costs to reduce countable income.

OFFICIAL CONTACTS

- Social Security: ssa.gov — 800-772-1213
 - Medicare: medicare.gov — 800-MEDICARE
 - SHIP: shiphelp.org — 877-839-2675
 - Senior Medicare Patrol: smpresource.org — 877-808-2468
 - Eldercare Locator: eldercare.acl.gov — 800-677-1116
 - Federal benefits: usa.gov/benefits and usa.gov/benefit-finder
 - State social services: usa.gov/state-social-services
 - Medicaid: medicaid.gov
 - IRS: irs.gov — 800-829-1040
 - VITA/TCE locator:
irs.gov/individuals/free-tax-return-preparation-for-qualifying-taxpayers — 800-906-9887
 - HUD housing counseling: hud.gov/housingcounseling — 800-569-4287
 - LIHEAP referral: liheapch.acf.hhs.gov — 866-674-6327
 - USDA Rural Development: rd.usda.gov
 - Lifeline: lifelinesupport.org
 - Civil legal aid: lsc.gov
 - Consumer Financial Protection Bureau: consumerfinance.gov — 855-411-2372
 - Fraud reports: reportfraud.ftc.gov
 - Unclaimed money: usa.gov/unclaimed-money
 - Immediate danger: 911
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OFFICIAL VERIFICATION SOURCES

The amounts and national rules in this edition were checked against official sources available in August 2026. Local eligibility and procedures still require confirmation.

- Medicare costs: medicare.gov/basics/get-started-with-medicare/medicare-basics/what-does-medicare-cost
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- Medicare Savings Programs:
[medicare.gov/basics/costs/help/medicare-savings-programs](https://www.medicare.gov/basics/costs/help/medicare-savings-programs)
- Extra Help: [medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs)
- Part D costs: [medicare.gov/health-drug-plans/part-d/basics/costs](https://www.medicare.gov/health-drug-plans/part-d/basics/costs)
- Medicare home health: [medicare.gov/coverage/home-health-services](https://www.medicare.gov/coverage/home-health-services)
- Medicare hospice: [medicare.gov/coverage/hospice-care](https://www.medicare.gov/coverage/hospice-care)
- Social Security 2026 figures: [ssa.gov/cola/factsheets/2026.html](https://www.ssa.gov/cola/factsheets/2026.html)
- Social Security retirement: [ssa.gov/retirement](https://www.ssa.gov/retirement)
- SSI eligibility: [ssa.gov/ssi/eligibility](https://www.ssa.gov/ssi/eligibility)
- Social Security overpayments: [ssa.gov/manage-benefits/resolve-overpayment](https://www.ssa.gov/manage-benefits/resolve-overpayment)
- IRMAA and SSA-44: [ssa.gov/medicare/lower-irmaa](https://www.ssa.gov/medicare/lower-irmaa)
- IRS senior deduction:
[irs.gov/newsroom/check-your-eligibility-for-the-new-enhanced-deduction-for-seniors](https://www.irs.gov/newsroom/check-your-eligibility-for-the-new-enhanced-deduction-for-seniors)
- IRS Publication 554 for older taxpayers: [irs.gov/publications/p554](https://www.irs.gov/publications/p554)
- IRS Publication 915 for Social Security taxation: [irs.gov/publications/p915](https://www.irs.gov/publications/p915)
- IRS hospital financial-assistance rules:
[irs.gov/charities-non-profits/financial-assistance-policies-faps](https://www.irs.gov/charities-non-profits/financial-assistance-policies-faps)
- SNAP older-adult rules: [fns.usda.gov/snap/eligibility/elderly-disabled-special-rules](https://www.fns.usda.gov/snap/eligibility/elderly-disabled-special-rules)
- Senior nutrition: [acl.gov/programs/health-wellness/nutrition-services](https://www.acl.gov/programs/health-wellness/nutrition-services)
- Medicaid long-term services: [medicaid.gov/medicaid/long-term-services-supports](https://www.medicaid.gov/medicaid/long-term-services-supports)
- PACE: [medicaid.gov/medicaid/long-term-services-supports/program-of-all-inclusive-care-for-elderly](https://www.medicaid.gov/medicaid/long-term-services-supports/program-of-all-inclusive-care-for-elderly)
- LIHEAP: liheapch.acf.hhs.gov
- Weatherization: [energy.gov/cmei/scep/wap/how-apply-weatherization-assistance](https://www.energy.gov/cmei/scep/wap/how-apply-weatherization-assistance)
- USDA Section 504: [rd.usda.gov/programs-services/single-family-housing-programs/single-family-housing-repair-loans-grants](https://www.rd.usda.gov/programs-services/single-family-housing-programs/single-family-housing-repair-loans-grants)
- HUD housing vouchers: [hud.gov/helping-americans/housing-choice-vouchers-tenants](https://www.hud.gov/helping-americans/housing-choice-vouchers-tenants)
- HUD Section 202:
[hud.gov/hud-partners/multifamily-housing-for-seniors-and-persons-with-disabilities](https://www.hud.gov/hud-partners/multifamily-housing-for-seniors-and-persons-with-disabilities)
- Lifeline: lifelinesupport.org

- Long-Term Care Ombudsman: acl.gov/programs/protecting-rights-and-preventing-abuse/long-term-care-ombudsman-program
 - Elder abuse resources: acl.gov/programs/protection-and-advocacy-systems/what-if-i-suspect-abuse-neglect-or-exploitation
 - Federal-benefit garnishment protection: consumerfinance.gov/ask-cfpb/can-a-debt-collector-take-my-social-security-or-va-benefits-en-1157
 - Civil legal aid: lsc.gov/about-lsc/what-legal-aid/i-need-legal-help
 - Federal benefits and unclaimed money: usa.gov/benefits and usa.gov/unclaimed-money
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ADDITIONAL OFFICIAL VERIFICATION SOURCES FOR THE EXPANDED EDITION

- Social Security withdrawal of application: ssa.gov/forms/ssa-521.pdf
- Social Security withdrawal requirements: secure.ssa.gov/poms.nsf/lnx/0200206005
- Social Security earnings test: ssa.gov/help/iClaim_earnwg2.html
- Social Security Fairness Act implementation: ssa.gov/benefits/retirement/social-security-fairness-act.html
- Medicare beneficiary notices and ABNs: medicare.gov/basics/your-medicare-rights/your-protections
- Medicare hospital-status appeals: medicare.gov/providers-services/claims-appeals-complaints/appeals/original-medicare/denial-part-a-hospital-status
- Medigap changes and guaranteed-issue rights: medicare.gov/health-drug-plans/medigap/ready-to-buy/change-policies
- Medicaid spousal impoverishment: medicaid.gov/medicaid/eligibility-policy/spousal-impoverishment
- Medicaid estate recovery: medicaid.gov/medicaid/eligibility-policy/estate-recovery
- State Medicaid contacts: medicaid.gov/about-us/where-can-people-get-help-medicaid-chip
- State Units on Aging: acl.gov/programs/aging-and-disability-networks/state-units-aging

- State SHIP directory: shiphelp.org/ships
 - IRS Credit for the Elderly or Disabled:
irs.gov/credits-deductions/individuals/credit-for-the-elderly-or-the-disabled
 - IRS medical expenses: irs.gov/publications/p502
 - IRS home-sale rules: irs.gov/publications/p523
 - HUD senior housing: hud.gov/topics/information_for_senior_citizens
 - HUD housing counseling: hud.gov/hud-partners/single-family-about-housing-counseling
 - Credit freezes: consumerfinance.gov/ask-cfpb/what-is-a-credit-freeze-or-security-freeze-on-my-credit-report-en-1341
 - Identity-theft recovery: identitytheft.gov
 - Health-center locator: findahealthcenter.hrsa.gov
 - Long-Term Care Ombudsman: acl.gov/programs/protecting-rights-and-preventing-abuse/long-term-care-ombudsman-program
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FINAL NOTE

This book is for general educational information only. It is not individualized legal, tax, financial, medical, insurance, or benefits advice. Program rules, limits, deadlines, covered services, and local procedures can change. Verify your own situation with the responsible government agency, plan, licensed professional, or qualified benefits counselor before changing coverage, filing a legal or tax document, refusing care, leaving a bill unpaid, transferring property, or making a financial decision.