

Medicaid Planning Questionnaire - Single Client

1. Provide Name, Address and Telephone Number of the Person(s) Answering this Form:

2. Is the potential Medicaid recipient planning on applying for Medicaid shortly? Please provide how that person is related to you.

3. Has the potential Medicaid recipient been diagnosed with an illness? If yes, please specify what illness.

Potential Medicaid Recipient Data:

4. Full name of potential Medicaid recipient:
5. Address:
6. Phone:
7. Email Address:
8. Birth Date:
9. Social Security Number:
10. U.S. Citizen: Yes or No
11. Veteran: Yes or No
12. If widowed, name of spouse and date of death?
13. Was former spouse a Veteran? Yes or No
14. If potential Medicaid Recipient or former spouse was a Veteran, is the potential Medicaid Recipient receiving Tricare? Yes or no
15. Does the potential Medicaid Recipient have a Partner? Yes or No?

Medical Data:

12. Health:

Diagnosis:

If client has already entered a nursing home:

Name of Nursing Home:

Date Entered:

13. Physician:

Full name, address and phone number of primary physician:

Financial Data:

14. Monthly Income: _____

Social Security:

(include the \$66.00 Medicare Part B Deduction, if applicable) _____

Retirement Benefits (Gross): _____

Employment _____

Veterans Disability Income: _____

Annuity Income: _____

Rental Income: _____

Other: _____

Total Monthly Income: _____

If there is a pension, please list the **gross pension amount**, including any monies taken out for federal income taxes, health insurance, or any other reason. Do not include interest and dividend income on this form.

15. Gifts:

Have you made gifts in excess of \$5,000 in any one month, to an individual or group of individuals, within the past 36 months, or to a trust within the past 60 months?

If yes:

Recipient _____ Date: _____ Amount: _____

Recipient _____ Date: _____ Amount: _____

Recipient _____ Date: _____ Amount: _____

Recipient _____ Date: _____ Amount: _____

Recipient _____ Date: _____ Amount: _____

Have you ever filed a Federal Gift Tax Return? Yes or No

If so, please state details: _____

16. Children:

CHILD ONE

Name of Child: _____ Gender and Age: _____

Address:

Phone:

Date of Birth:

Work Phone Number:

Social Security Number:

Email Address:

Relationship to Each Spouse:

Husband: Natural child or Adopted or Step-Child or Born Out of Wedlock

Wife: Natural child or Adopted or Step-Child or Born Out of Wedlock

CHILD TWO

Name of Child: _____ Gender and Age: _____

Phone:

Date of Birth:

Work Phone Number:

Social Security Number:

Email Address:

Relationship to Each Spouse:

Husband: Natural child or Adopted or Step-Child or Born Out of Wedlock

Wife: Natural child or Adopted or Step-Child or Born Out of Wedlock

CHILD THREE

Name of Child: _____ Gender and Age: _____

Address:

Phone:

Date of Birth:

Work Phone Number:

Social Security Number:

Email Address:

Relationship to Each Spouse:

Husband: Natural child or Adopted or Step-Child or Born Out of Wedlock

Wife: Natural child or Adopted or Step-Child or Born Out of Wedlock

Are all of your children in good health? Yes or No

Are any of your children blind? Yes or No

Are any of your children disabled? Yes or No

Are any of your children receiving SSI or other government entitlement? Yes or No

If yes: How much is the child's monthly payment? \$
Is the child receiving Medicare or Medicaid?

Do any of your family members have any problems with:

AIDS? Yes or No

Drug Addiction? Yes or No

Alcoholism? Yes or No

Spendthrift? Yes or No

Do any of your children live with you in your home? Yes or No

Are you a contributor to a 529 Plan? Yes or No

If yes: Please attach a statement of the 529 account.

17. Grandchildren:

Name of Grandchild:
Gender:
Relationship to Husband: Natural Grandchild or Step Grandchild
Relationship to Wife: Natural Grandchild or Step Grandchild

Name of Grandchild:
Gender:
Relationship to Husband: Natural Grandchild or Step Grandchild
Relationship to Wife: Natural Grandchild or Step Grandchild

Name of Grandchild:
Gender:
Relationship to Husband: Natural Grandchild or Step Grandchild
Relationship to Wife: Natural Grandchild or Step Grandchild

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Gender:
Relationship to Husband: Natural Grandchild or Step Grandchild
Relationship to Wife: Natural Grandchild or Step Grandchild

18. Contact Person:

Name:

Address:

Telephone:

Work Address:

Work Telephone:

Email Address

19. Miscellaneous:

Do you have any other legal issues I should be aware of? Yes or No

If yes, please explain:

20. Referral:

By Whom Were You Referred to this Office?

Name:

Address:

Telephone Number:

Referral is a:

Attorney

Previous Client of Law Firm

Social Worker

Financial Planner

Doctor

Other:

21. Competency:

Is the client competent?

If no, is a guardianship necessary?

22. Asset Information:

Checking Account:

Name of Institution:

Current Balance:

Names of ALL Joint Owners if any:

Savings Account:

Name of Institution:

Current Balance:

Names of ALL Joint Owners if any:

Money Market Account:

Name of Institution:

Current Balance:

Names of ALL Joint Owners if any:

Savings Certificate:

CD:

Value:

Names of ALL Joint Owners if any:

Automobiles:

Year, Make and Model:

Names of ALL Joint Owners if any:

Real Property:

Address:

Home or Business Type of Property:

Current Fair Market Value (estimated):

Names of ALL Owners of Property if Multiple Owners

Amount of any mortgage/home equity loan:

Other Real Property:

Address:

Home or Business Type of Property:

Current Fair Market Value (estimated):

Names of ALL Owners of Property if Multiple Owners

Amount of any mortgage/home equity loan:

Brokerage/Cap Account:
Name of Institution:
Current Balance:
Names of ALL Joint Owners if any:

Mutual Funds:
Name of Institution:
Current Value:
Names of ALL Joint Owners if any:

Stock:
Name of Stock:
Current Value:
Names of ALL Joint Owners if any:

Bonds:
Name of Bond:
Current Value:
Names of ALL Joint Owners if any:

Annuities:
Description:
Current Value:
Names of ALL Joint Owners if any:

Traditional IRA:
Description:
Current Value:
Names of ALL Joint Owners if any:

Roth IRA:
Description:
Current Value:
Names of ALL Joint Owners if any:

Retirement Accounts:
Description:
Current Value:
Names of ALL Joint Owners if any:

Other Assets:

Description:

Current Value:

Names of ALL Joint Owners if any:

Life Insurance:

Description:

Current Value:

Names of ALL Joint Owners and/or Beneficiaries, if any:

High Value Personal Property:

Description:

Current Value:

Names of ALL Joint Owners and/or Beneficiaries, if any:

Any transfer of ownership on any of these assets within the last 3 years?

If yes, please provide the type of asset, the value of the transfer and to whom it was transferred to.

Was any consideration paid for this transfer? If yes, please approximate the amount of consideration.

DEBTS: Does the client have any outstanding loans (personal property, home, educational loans, etc) and/or credit card debts?

Does the client have any alimony or child support obligations?

23. Has a prepaid funeral been purchased?

24. On what approximate date did the client enter an assisted living residence or nursing home?

25. Is the client planning on ever returning to live in his/her residence? If yes, please provide an approximate date?