

MEDICAID QUESTIONNAIRE

PERSONAL DATA (Person in Need)

Name: _____ DOB: ____/____/____ SSN: ____-____-____

Address: _____

County of Residence: _____ Phone: _____

Email: _____

Current Marital Status: Single Married Widowed Separated Divorced

U.S. Citizen: Yes No Veteran: Yes No

How did you learn about us? _____

FAMILY

Spouse:

Spouse: _____ DOB: ____/____/____ SSN: ____-____-____

Date of Marriage: _____ U.S. Citizen: Yes No Veteran: Yes No

Children: Yes No

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

CARE CENTER (if any)

Assisted Living Adult Family Home Nursing Home Retirement Community

Name: _____

Address: _____

Date of Admission: _____

FINANCIAL

Income Producing Assets:

Bank Accounts, CD's, Brokerage Accounts, Stocks, Corporate or U.S. Bonds, other:

	<u>Name of Bank</u>	<u>Value</u>	<u>Acct. No.</u>	<u>Owner(s)</u>
Checking Account:	_____	_____	_____	_____
Savings Account:	_____	_____	_____	_____
CDs:	_____	_____	_____	_____
Bonds:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
TOTAL:	_____			

Real Property:

<u>Description of Property</u>	<u>Value</u>	<u>Purchase Price</u>	<u>Mortgage</u>	<u>Owner(s)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Who else lives in the house? _____ How long? _____

Relationship: _____

Real Property Sold in the Past Five Years:

<u>Description of Property</u>	<u>Sale Price</u>	<u>Date of Sale</u>
_____	_____	_____
_____	_____	_____

<i>Monthly Income:</i>	You	Your Spouse	Joint
Social Security	_____	_____	_____
Employment	_____	_____	_____
Pension from _____	_____	_____	_____
IRA's, Annuities, etc. _____	_____	_____	_____
Rents _____	_____	_____	_____
Business Interest _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
TOTALS:	_____	_____	_____

Life Insurance:

<u>Insured/Owner</u>	<u>Company</u>	<u>Face Value</u>	<u>Cash Value</u>	<u>Policy No.</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Annuity Policies:

<u>Institution</u>	<u>Owner</u>	<u>Policy No.</u>	<u>Cash Value</u>	<u>Death Benefit</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Retirement Accounts/IRA's:

<u>Institution</u>	<u>Type</u>	<u>Account No.</u>	<u>Balance</u>	<u>Owner(s)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Business Interests:

<u>Name of Business</u>	<u>Type of Business</u>	<u>Ownership Interest</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

Burial Plots, Pre-paid Funerals and/or Burial Funds:

<u>Description</u>	<u>Owner(s)</u>	<u>Face Value</u>	<u>Refund Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL PROPERTY (Autos, RV's, boats, recreational vehicle, etc.)

<u>Description of Property</u>	<u>Value</u>	<u>Owners</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRIOR TRANSFER INFORMATION

Have you or your spouse transferred any assets to others in the last 5 years? Yes No

Have you or your spouse transferred any assets to a trust in the last 5 years? Yes No

If yes to either question, please provide the following:

Date of Transfer	Person who received transfer	Relationship of person who received transfer	Value of transfer	Attach copy of document making transfer

LEGAL AND OTHER MATTERS

Last Will and Testament Yes No

Durable Power of Attorney Yes No

Living Will/Health Care Directive Yes No

Living Trust Yes No

Irrevocable Trust Yes No

Other legal concerns: _____

Please provide copies of all estate planning documents

Important Questions:

Do you or your spouse expect an inheritance? Yes No

Are you or your spouse the beneficiary of any trust? Yes No

Are there any charities or causes you would like to support? Yes No

Have you or your spouse ever filed a federal gift tax return? Yes No

