HICKMAN♦MENASHE
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION

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CONFIDENTIAL
MEDICAID PLANNING INFORMATION

Please bring this completed questionnaire and copies of any current estate plan documents with you to your appointment. We look forward to meeting you and serving your Medicaid planning needs.

PERSONAL INFORMATION

	Information for Potential Medicaid Applicant	**Information for Spouse (if any)**
Full Name:	____________________	____________________
Current Address:	____________________	____________________
	____________________	____________________
	____________________	____________________
Phone Numbers:	*Home* ____________________	*Home* ____________________
	Work ____________________	*Work* ____________________
	Cell ____________________	*Cell* ____________________
Email Address:	____________________	____________________
	____________________	____________________
Birth Date:	____________________	____________________
Citizenship:	____________________	____________________

I am a Veteran: [○] Yes [○] No Potential Medicaid Applicant
[○] Yes [○] No Spouse (if any)

Marital Status: [○] Married [○] Widowed [○] Divorced [○] Single

Care Center: (if any) [○] Assisted Living [○] Adult Family Home [○] Nursing Home

Name & Address of Facility: ____________________

Facility Phone # and Doctor's Name: ____________________

FINANCIAL INFORMATION

Please attach additional sheets if necessary.

Real Estate (Residence, Investment, Vacation)

Address ____

____

Type of Property/ Name of Owner ____ Value: $__________

Address ____

____

Type of Property/ Name of Owner ____ Value: $__________

Investment Accounts (Stocks, Bonds, Mutual Funds, CDs)

Type of Acct. & Company Name ____

Name on Acct. ____ Value: $__________

Type of Acct. & Company Name ____

Name on Acct. ____ Value: $__________

Type of Acct. & Company Name ____

Name on Acct. ____ Value: $__________

Type of Acct. & Company Name ____

Name on Acct. ____ Value: $__________

Retirement Accounts (IRAs, 401Ks, Pensions, Others)

Type of Acct. & Company Name ____

Name on Acct. ____ Value: $__________

Type of Acct. & Company Name ____

Name on Acct. ____ Value: $__________

Type of Acct. & Company Name ____

Name on Acct. ____ Value: $__________

Annuities & Life Insurance

Type of Acct. & Company Name ____

Name on Acct. ____ Value: $__________

Type of Acct. & Company Name ____

Name on Acct. ____ Value: $__________

Cash Accounts (Checking, Savings, Money Market)

Type of Acct. & Company Name ______________________________

Name on Acct. ______________________________ Value: $__________

Type of Acct. & Company Name ______________________________

Name on Acct. ______________________________ Value: $__________

Type of Acct. & Company Name ______________________________

Name on Acct. ______________________________ Value: $__________

Other Assets (Autos, RVs, Antiques, Art, Burial Plots, etc.)

Type of Asset ______________________________ Value: $__________

Type of Asset ______________________________ Value: $__________

Type of Asset ______________________________ Value: $__________

Type of Asset ______________________________ Value: $__________

Type of Asset ______________________________ Value: $__________

Type of Asset ______________________________ Value: $__________

Income (Social Security, Pension, Other)

Type of Income ______________________________

Name of Recipient ______________________________ *Monthly Amount* $__________

Type of Income ______________________________

Name of Recipient ______________________________ *Monthly Amount* $__________

Type of Income ______________________________

Name of Recipient ______________________________ *Monthly Amount* $__________

Living Expenses

Rent or Mortgage Payment *Monthly Amount* $__________

Property Assessments and/or Taxes *Monthly Amount* $__________

Utilities (Water, Sewer, Garbage) *Monthly Amount* $__________

Electricity *Monthly Amount* $__________

Heating Costs (Oil, Gas) *Monthly Amount* $__________

Insurances (Home, Life, Car) *Monthly Amount* $__________

Other Debt Payments (Credit Cards, Loans, Etc.) *Monthly Amount* $__________

Gifts Within Last Five (5) Years

Please indicate any ***gifts*** *you have made of assets, including cash, from your estate* ***within the last five (5) years****.*

	Date	Asset Gifted	Gifted To	Value of Gift
1.	________	______________________________	____________________________	$______________
2.	________	______________________________	____________________________	$______________
3.	________	______________________________	____________________________	$______________
4.	________	______________________________	____________________________	$______________
5.	________	______________________________	____________________________	$______________
6.	________	______________________________	____________________________	$______________

CURRENT ESTATE PLAN DOCUMENTS

Please indicate any estate plan documents you currently have and ***bring them with you to your appointment.***

	Potential Medicaid Applicant	Spouse (if any)
Will (and any Codicils)	[ ]	[ ]
Community Property Agreement	[ ]	[ ]
Durable General Power of Attorney (for Finances)	[ ]	[ ]
Durable Power of Attorney for Health Care	[ ]	[ ]
Health Care Directive	[ ]	[ ]
Special Needs Trust	[ ]	[ ]
Revocable Living Trust	[ ]	[ ]

Indicate any of the following as they may apply to any of your children or beneficiaries:

[ ] My child is **physically and/or mentally disabled**. Please name & describe: _____________

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[ ] One or more of my beneficiary(ies) are **under 65 years of age** and **physically and/or mentally disabled**. Please name & describe: ________________________________

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ADDITIONAL INFORMATION

If there is any other information we should know in order to better serve you, or questions you would like to ask, please feel free to include them below or attach additional pages.

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Reset Form