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CONFIDENTIAL MEDICAID PLANNING QUESTIONNAIRE FOR A SINGLE APPLICANT

Please complete this questionnaire to the best of your ability and bring it with you to our first meeting where we will go over it together. ***Do not delay this important planning because you are unable to answer each question.*** *Simply note any questions you may have and we will be happy to help you when we meet. We look forward to serving your Medicaid planning needs.*

PERSONAL INFORMATION OF POTENTIAL MEDICAID APPLICANT

Full Name: _____

Current Address: _____

County of Residence: _____ Preferred Phone Number: _____

E-Mail Address: _____ Yes, It Is Okay to Communicate with Me Via E-mail ☐

Birth Date: _____ US Citizen? Yes ☐ No ☐ If No, Provide Status: _____

Veteran? Yes ☐ No ☐ If Yes, Branch and Years of Service: _____

Previously Married? Yes ☐ No ☐ If Yes, Previous Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

If Current Address is a **Care Facility**, Please Answer the Additional Questions Below:

Name of Facility: _____

This Facility is: An Assisted Living Facility ☐ A Nursing Home ☐ An Adult Family Home ☐

Date of Admittance: _____ Current Source of Payment for Care: _____

This Facility Accepts Medicaid: Yes ☐ No ☐ I'm Unsure ☐

CHILDREN

Attach additional sheets if necessary.

Full Name: _____ Date of Birth: _____

This Child is Deceased: Yes ☐ No ☐

Full Name: _____ Date of Birth: _____

This Child is Deceased: Yes ☐ No ☐

Full Name: _____ Date of Birth: _____

This Child is Deceased: Yes ☐ No ☐

ASSETS

For the assets below, please feel free to use an approximate value.

REAL ESTATE

Address: _____

Name(s) of Owner(s):_____

Value: _____ This Property Is: A Primary Residence ☐ An Investment ☐ A Vacation Home ☐

Address: _____

Name(s) of Owner(s):_____

Value: _____ This Property Is: A Primary Residence ☐ An Investment ☐ A Vacation Home ☐

CHECKING AND SAVINGS ACCOUNTS

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ This Account is Jointly Held: Yes ☐ No ☐

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ This Account is Jointly Held: Yes ☐ No ☐

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ This Account is Jointly Held: Yes ☐ No ☐

INVESTMENT ACCOUNTS (Stocks, Bonds, Mutual Funds, CDs)

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ This Account is Jointly Held: Yes ☐ No ☐

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ This Account is Jointly Held: Yes ☐ No ☐

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____ This Account is Jointly Held: Yes ☐ No ☐

RETIREMENT ACCOUNTS (IRAs, 401(K)s, Pensions)

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____

ANNUITIES AND LIFE INSURANCE

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____

Type of Account: _____ Name of Institution That Holds Account: _____

Value: _____

OTHER ASSETS (Antiques, Art, Burial Plots, etc.)

Type of Asset: _____ Value: _____

Type of Asset: _____ Value: _____

Type of Asset: _____ Value: _____

INCOME

Type of Income: _____ Monthly Amount: $_____

Type of Income: _____ Monthly Amount: $_____

Type of Income: _____ Monthly Amount: $_____

LIVING EXPENSES

*For all expenses below, please indicate the **monthly** amount of each expense.*

CURRENT EXPENSES

Rent or Mortgage Payment: $_____

Homeowners Insurance: $_____

Water, Sewer, and Garbage: $_____

Heat and Electric: $_____

Condominium/ Homeowners Association Fees: $_____

IF POTENTIAL MEDICAID APPLICANT IS CURRENTLY IN A CARE FACILITY

Facility Expenses: $_____

Prescription Expenses: $_____

Utility Expenses (Phone, Cable TV, Etc.): $ _____

DEBTS

Total Unpaid Credit Card Debt: $ _____

Total Mortgage: $ _____

Total Unpaid Medical Bills (from last three months): $ _____

Type of Other Outstanding Debt: _____ Amount Owed: $_____

Type of Other Outstanding Debt: _____ Amount Owed: $_____

GIFTS

*Please indicate any gifts you have made **within the last five years.***
The gift can be of any asset, including personal property, cash, or a vehicle.

Date of Gift: _____ Asset Gifted: _____

Recipient of Gift: _____ Relationship to Recipient: _____

Value of Gift: _____ I Filed a Gift Tax Return for This Gift: Yes ☐ No ☐

Date of Gift: _____ Asset Gifted: _____

Recipient of Gift: _____ Relationship to Recipient: _____

Value of Gift: _____ I Filed a Gift Tax Return for This Gift: Yes ☐ No ☐

Date of Gift: _____ Asset Gifted: _____

Recipient of Gift: _____ Relationship to Recipient: _____

Value of Gift: _____ I Filed a Gift Tax Return for This Gift: Yes ☐ No ☐

PRIOR ESTATE PLANNING DOCUMENTS

Please check all those that apply. If you do have any of the documents listed below, please bring a copy to your meeting.

Wills (and Any Codicils)	☐	Durable Power of Attorney (For Finances)	☐
Community Property Agreement	☐	Durable Power of Attorney (For Health Care)	☐
Health Care Directive/ Living Will	☐	Revocable Living Trust/ Other Trust	☐
Special Needs Trust	☐	Mental Health Advance Directive	☐

MISCELLANEOUS

If you answer yes to the questions below, you do not need to provide any additional documentation. We ask these questions to know whether we should discuss any of these items further during our meeting.

Has the Medicaid Applicant and/ or Spouse Prepaid for Burial and Funeral Arrangements? Yes ☐ No ☐

Do Any Children of the Medicaid Applicant Have Mental or Physical Disabilities? Yes ☐ No ☐

Do Any Children of the Medicaid Applicant Receive Social Security Income or SSDI? Yes ☐ No ☐

Has a Child Been Living with the Medicaid Applicant and Providing Caregiving Services? Yes ☐ No ☐

ADDITIONAL INFORMATION

For the lines below, please provide any other information you feel as though we should know in preparing your estate planning documents. Additionally, if you have any questions, please write them here so that we can be sure to answer them when we meet.