

# MEDICAID QUESTIONNAIRE

## PERSONAL DATA (Person in Need)

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Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Day phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

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

How did you learn about us? \_\_\_\_\_

## FAMILY

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### Spouse:

Current Marital Status: Single  Married  Widowed  Separated  Divorced

Spouse: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Date of Marriage: \_\_\_\_\_ U.S. Citizen: Yes  No  Veteran: Yes  No

If widowed, did your spouse have a will? Yes  No  Where is it filed?: \_\_\_\_\_

Have you or your spouse been married before? Yes  No

**Children:** Yes  No

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First Name	MI	Last Name	DOB	Address (street, town, state and zip)	Telephone
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Spouse's Name	Names and Ages of Grandchildren
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First Name	MI	Last Name	DOB	Address (street, town, state and zip)	Telephone
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First Name	MI	Last Name	DOB	Address (street, town, state and zip)	Telephone
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Spouse's Name	Names and Ages of Grandchildren
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**Important Questions:**

Do any of your Children or Grandchildren receive government support or benefits because of a disability or handicap? Yes  No

Do you or your spouse have children from a previous relationship? Yes  No

**Brothers or Sisters** (Living or Deceased): Yes  No

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First Name      MI      Last Name      Address (street, town, state and zip)

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First Name      MI      Last Name      Address (street, town, state and zip)

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First Name      MI      Last Name      Address (street, town, state and zip)

**HEALTH INSURANCE**

	You	Your Spouse	Effective Dates
Medicare	_____ Number	_____ Number	_____
Insurance from Employer	_____	_____	_____
Medicare Supplement	_____	_____	_____
Long-Term Care Insurance	_____	_____	_____

**FINANCIAL**

**Income Producing Assets:**

Bank Accounts, CDs, 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>Amount Mortgage</u>	<u>Owner(s)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Who else lives in the house? \_\_\_\_\_ How long? \_\_\_\_\_

Relationship: \_\_\_\_\_

***Monthly Income:***

	<u>You</u>	<u>Your Spouse</u>	<u>Joint</u>
Social Security	_____	_____	_____
Employment	_____	_____	_____
Pension from _____	_____	_____	_____
IRAs, 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 Number</u>	<u>Cash Value</u>	<u>Death Benefit</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Retirement Accounts:**

<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, RVs, boats, recreational vehicle, etc.)**

<u>Description of Property</u>	<u>Value</u>	<u>Owner(s)</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:**

<b>Date of Transfer</b>	<b>Person who received transfer</b>	<b>Relationship of person who received transfer</b>	<b>Value of Transfer</b>	<b>Attach copy of document making transfer</b>

**LEGAL AND OTHER MATTERS**

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<i>Original</i>	Date Made	Location of
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Health Care Proxy	_____	_____
Living Trust	_____	_____
Other legal concerns:	_____	
	_____	
	_____	

**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

If you answered yes to any of these questions, or have any special concerns, please share any details which you think would be helpful.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>Professional Advisors:</i>	<i>Phone Number</i>
Accountant _____	_____
Financial Planner/Stock Broker _____	_____
Insurance Agent _____	_____
Banker _____	_____
Physician _____	_____
Other _____	_____