



Medicaid Planning Intake Form

This questionnaire is designed to help us gather the information needed to create a plan to protect your assets (or the assets of your family member or friend). This questionnaire is essential to our understanding of your case. Please complete it with as much detail possible.

Feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant.

>>Information is needed for each spouse in every instance, unless otherwise specified.

Date: \_\_\_\_\_ How were you referred to us? \_\_\_\_\_

YOUR GOALS

What are your goals for meeting with us?

Two horizontal lines for writing goals.

SECTION 1. NAME AND CONTACT INFORMATION

Person Completing Form: \_\_\_\_\_ (first) (middle) (last)

Home Address: \_\_\_\_\_ Address City, State, Zip Code

\_\_\_\_\_ (email) (phone number-main)

Your Relationship to Applicant \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_ (first) (middle) (last)

Applicant's Spouse Full Name: \_\_\_\_\_ (first) (middle) (last)

Home Address: \_\_\_\_\_  
Address City, State, Zip Code

Applicant's Marital Status: ( ) Married ( ) Single ( ) Divorced ( ) Widowed ( ) Co-habiting

	Applicant	Applicant's Spouse
Telephone Numbers:	_____	_____
	(home)	(home)
	_____	_____
	(cell)	(cell)
Email Address:	_____	_____
Date of Birth:	_____	_____
Former/Maiden Name:	_____	_____
US Citizen?	[ ] Yes [ ] No	[ ] Yes [ ] No
Social Security Number:	_____	_____
Military Service Dates:	_____	_____
Date of Death:	_____	(If widowed) _____
Date of Marriage:	_____	_____
Prior Marriages:	_____	_____

## SECTION 2. FACILITY

### A. Applicant

Currently in a Facility? [ ] Yes [ ] No

If so, date entered: \_\_\_\_\_

Name of Facility/Provider: \_\_\_\_\_

Facility Address: \_\_\_\_\_  
Address City, State, Zip Code

Administrator or Contact: \_\_\_\_\_

\_\_\_\_\_

(email)

\_\_\_\_\_

(phone number)

### B. Applicant's Spouse

Currently in a Facility? [ ] Yes [ ] No

If so, date entered: \_\_\_\_\_

Name of Facility/Provider: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Address City, State, Zip Code

Administrator or Contact: \_\_\_\_\_

\_\_\_\_\_

(email)

\_\_\_\_\_

(phone number)

### SECTION 3. CHILDREN

List **ALL** children belonging to each spouse. Copy and attach additional pages, if needed.

**Applicant:** Total number of children: \_\_\_\_\_

Does applicant have any step-children? If yes, how many? \_\_\_\_\_

**Do all the children and/or step-children have a good relationship?**     Yes     No

If no, please explain: \_\_\_\_\_

1. \_\_\_\_\_

(name of child)

(spouse's name)

Parent:  Applicant     Spouse     Both

Disabled?  Yes     No

\_\_\_\_\_  
(current full address)

\_\_\_\_\_  
(phone number-main)

\_\_\_\_\_  
(email address)

\_\_\_\_\_  
(phone number-other)

2. \_\_\_\_\_

(name of child)

(spouse's name)

Parent:  Applicant     Spouse   

Both Disabled?  Yes     No

\_\_\_\_\_  
(current full address)

\_\_\_\_\_  
(phone number-main)

\_\_\_\_\_  
(email address)

\_\_\_\_\_  
(phone number-other)

3. \_\_\_\_\_

(name of child)

(spouse's name)

Parent:  Applicant     Spouse   

Both Disabled?  Yes     No

\_\_\_\_\_  
(current full address)

\_\_\_\_\_  
(phone number-main)

\_\_\_\_\_  
(email address)

\_\_\_\_\_  
(phone number-other)

4. \_\_\_\_\_ (name of child) \_\_\_\_\_ (spouse's name)  
 Parent:  Applicant  Spouse  Both  
 Disabled?  Yes  No

\_\_\_\_\_  
 (current full address) \_\_\_\_\_ (phone number-main)

\_\_\_\_\_  
 (email address) \_\_\_\_\_ (phone number-other)

5. \_\_\_\_\_ (name of child) \_\_\_\_\_ (spouse's name)  
 Parent:  Applicant  Spouse  Both  
 Disabled?  Yes  No

\_\_\_\_\_  
 (current full address) \_\_\_\_\_ (phone number-main)

\_\_\_\_\_  
 (email address) \_\_\_\_\_ (phone number-other)

**SECTION 4. ESTATE PLANNING AND OTHER DOCUMENTS**

**Please provide a copy of each document.**

	<b>Applicant</b>	<b>Applicant's Spouse</b>
Will:	[ ] Yes [ ] No	[ ] Yes [ ] No
Revocable Living Trust:	[ ] Yes [ ] No	[ ] Yes [ ] No
Durable Power of Attorney:	[ ] Yes [ ] No	[ ] Yes [ ] No
Health Care Surrogate:	[ ] Yes [ ] No	[ ] Yes [ ] No
Living Will:	[ ] Yes [ ] No	[ ] Yes [ ] No

**SECTION 5. TRANSFERS TO OR FROM TRUSTS**

Has the applicant (or his or her spouse) transferred property into a Trust or out of a Trust (revocable or irrevocable) within the past 60 months? If so, please provide the following information:

**A. Applicant**

<u>Name of Trust</u>	<u>Amount/Value of Transfer</u>	<u>Date of Transfer</u>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____



**SECTION 9. ASSETS AND RESOURCES**

All accounts jointly or individually owned by each spouse, including those with third-party co-owners.

**A. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)**

<u>Name of Bank</u>	<u>Account No.</u>	<u>Type of Account</u>	<u>Balance/Value</u>	<u>How Title Held</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

**B. RETIREMENT ACCOUNTS (IRAs, Keoghs, etc.) (For both spouses)**

Does the applicant or applicant's spouse have retirement accounts?

<u>Name of Institution</u>	<u>Account No.</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Date Est.</u>	<u>Current Value</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

**C. ANNUITIES (For both spouses)**

Does the applicant or applicant's spouse have annuities?

<u>Name of Institution</u>	<u>Account No.</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Date Est.</u>	<u>Current Value</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

**SECTION 10. LIFE INSURANCE** (For each spouse)

Does the applicant or applicant's spouse have Life Insurance?

_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**SECTION 11. RESIDENCE**

Does the applicant own their primary residence? If yes, please fill out fields A-F.

- A. Address: \_\_\_\_\_
- B. Names on the deed: \_\_\_\_\_
- C. Fair Market Value: \$ \_\_\_\_\_
- D. Mortgage Balance: \$ \_\_\_\_\_
- E. Is it a Reverse Mortgage?  Yes  No
- F. Is there lot rent?  Yes  No If yes, how much? \_\_\_\_\_

**SECTION 12. RESIDENCE – RENTED**

Does applicant rent their primary residence? If yes, please fill out fields A-B.

- A. Monthly Rent: \$ \_\_\_\_\_
- B. Rental/Lease Agreement?  Yes  No

**SECTION 13. MONTHLY COST OF LIVING**

**A. HOUSING (ESTIMATED PER MONTH)**

- Mortgage/Rent \$ \_\_\_\_\_
- Property Taxes \$ \_\_\_\_\_
- Property Insurance \$ \_\_\_\_\_
- Homeowner’s Association Fees \$ \_\_\_\_\_
- If home is rented, total rent: \$ \_\_\_\_\_

**SECTION 14. ADDITIONAL REAL PROPERTY #1**

Does applicant have any additional Real property? If yes, how many? (Use back of page, if needed)

- A. Address: \_\_\_\_\_
- B. Names on the deed: \_\_\_\_\_
- C. Fair Market Value: \$ \_\_\_\_\_
- D. Mortgage Balance: \$ \_\_\_\_\_
- E. Currently being rented?  Yes  No If rented, monthly rent is: \_\_\_\_\_

**ADDITIONAL REAL PROPERTY #2**

All property jointly or individually owned by each spouse, including those with third-party co-owners.  
(Use back of page, if needed)

- A. Address: \_\_\_\_\_
- B. Names on the deed: \_\_\_\_\_
- C. Fair Market Value: \$ \_\_\_\_\_
- D. Mortgage Balance: \$ \_\_\_\_\_
- E. Currently being rented?  Yes  No If rented, monthly rent is: \_\_\_\_\_

**SECTION 15. VEHICLES**

How many vehicles does the applicant or applicant's spouse own? Including cars, trucks, motorcycles, recreational vehicles, boats and campers.

<u>Type of Vehicle</u>	<u>Owner Name(s)</u>	<u>Make and Model</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION 16. BURIAL/FUNERAL ARRANGEMENTS**

	<b>Applicant</b>	<b>Applicant Spouse</b>
Burial plot:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Irrevocable burial fund contract:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 17. TRANSFERS OF ASSETS WITHIN THE LAST 60 MONTHS**

Has the applicant or spouse transferred any assets or property to someone within the past 60 months? If so, please describe below. Transfers include any financial assistance to anyone, including loans, paying someone's bills and/or living expenses, plus gifts of cash or assets. Use the back of this page if additional room is needed.

<u>Recipient</u>	<u>Amount/Value of Gift</u>	<u>Date of Gift</u>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____



**SECTION 18. CLOSED ACCOUNTS OR SOLD ASSETS WITHIN  
THE LAST 60 MONTHS**

Has the applicant or applicant's spouse closed an account or sold an asset within the past 60 months? If so, please describe below. Use the back of this page if additional room is needed.

<u>Account or Asset</u>	<u>Account No.</u>	<u>Type of Account</u>	<u>Closing Value</u>	<u>Where Deposited?</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**SECTION 19. OTHER INFORMATION**

	<u>Market Value / Date Transferred</u>	<u>Description</u>
Jewels, Furs, Art, etc.:	\$ _____	_____
_____:	\$ _____	_____
(other: collectibles, etc.)		
_____:	\$ _____	_____
_____:	\$ _____	_____

**A. BUSINESS INTERESTS** (For each spouse)

Does the applicant or applicant's spouse have any interest in business interests? If yes, please provide short description giving the name, location, percentage owned, names and relationship of co-owners

**B. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES**  
(For each spouse)

Does the applicant or applicant's spouse have a Trust in which the person (client or spouse) has an interest, or the person who is the source of the inheritance? If yes, please provide a short description below. Please also provide a copy of the instrument which creates the interest, if available.

**C. SAFE DEPOSIT BOX**

Does the applicant or applicant's spouse has a safe deposit box? If yes, please describe the contents.