

MEDICAID PLANNING INFORMATION

Date:	
I.	Name of Medicaid Applicant:
A	Age: __ Date of Birth: Social Security:
B	U.S. Citizen: Yes __ No __ Military Service
C	Telephone Number:
D	Home Address:
E	If not at home, give name and address of residency:
F	Date of Admission to Nursing Home/Assisted Living Facility:
G	Medical condition/illnesses

	H	Can applicant do the following activities without major assistance?	
	1	Walk or Stand:	Yes No -- --
	2	Feed self:	Yes No -- --
	3	Clothe self:	Yes No -- --
	4	Bath self:	Yes No -- --
	5	Incontinent:	Yes No -- --
	6	Partially paralyzed:	Yes No -- --
		If no, detail:	
	7	Does Applicant have Dementia (memory loss, lack rational conversation)?	
		Yes	No
		If yes, detail extent:	
	8	Applicant's Primary Health Insurance:	
		Secondary Health Insurance:	
		Premium per month:	
	9	Primary Care Doctor: Name, Address and Telephone Number:	
II.	Spouse's Name:		
	A	Address:	

			Secondary Health Insurance:
			Premium per month:
III	Children		
			A Names, addresses and telephone numbers of each of applicant's children:
		1	
		2	
		3	
		4	
			B Names, addresses and telephone numbers of each of spouse's children (if same as applicant's mark "same"):
		1	
		2	
		J	
		4	
			C Are any of Applicant's or Applicant's spouse's children or grandchildren disabled?

		Yes	No
		If yes, does the individual receive Supplemental Security Income?	
		Yes	No
		Does the individual receive Social Security Disability Income?	
		Yes	No
		Name of disabled individual(s) and the disability=relationship to Applicant or Applicant's spouse _____	
	D	Does Applicant have a Will or Trust?	
		Yes	No
		Spouse? Yes No	
		(If so, bring copies)	
	E	Has Applicant executed a power of attorney?	
		Yes	No
		Spouse? Yes No	
		(If so, bring copies)	
		If yes, who is named on Applicant's?	
		Spouse's?	
	F	Has Applicant executed a living will and health care surrogate (proxy) designation?	
		Yes	No
		Spouse? Yes No	
		(If so, bring copies)	
		If yes, who is designated on Applicant's?	
		Spouse's?	

IV. INCOME

A. Applicant's:

		Source
Gross Social Security monthly benefit	\$ _____	
Gross Monthly pension (from whom?)	\$ _____	
Gross Monthly pension (from whom?)	\$ _____	
Gross Monthly pension (from whom?)	\$ _____	
Detail other income except for interest and dividends	\$ _____	
	\$ _____	

B. Spouse:

		Source
Gross Social Security monthly benefit	\$ _____	
Gross Monthly pension (from whom?)	\$ _____	
Gross Monthly pension (from whom?)	\$ _____	
Gross Monthly pension (from whom?)	\$ _____	
Detail other income except for interest and dividends	\$ _____	
	\$ _____	

C. Has Applicant or Applicant's spouse applied for Veteran's benefits?

Yes No

If yes, is either receiving benefits? Yes ___ No ___

Amount receiving?

If yes, what type of benefit?

V. ASSETS

A. Bank Accounts (CDs, Checking, Savings, Money Market, etc.)

Type of Account	Bank	Title	Account Number	Current Balance
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B. All Accounts which have been closed in the past three years (provide documentation of closing of account and where proceeds were deposited)

Type of Account	Bank	Title	Amount Withdrawn	Date Closed	Where were proceeds deposited
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C. Securities (Stocks, Bonds, Mutual Funds, Limited Partnerships, etc.)

Type of Security	Where held?	Title	Value	Dividend Interest Income
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Vault Broker

D. Life Insurance of Medicaid Applicant and Spouse

Company	Owner of Policy Insured	Beneficiary	Current Cash Surrender Value
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1. Property Address of Applicant's Homestead Property

2. What is the estimated value of each piece of real property owned by Applicant and/or spouse (except homestead listed in #1.)

a) Property Address:

Approximate Value:

b) Property Address:

Approximate Value:

3. Are any of the properties Rented? Yes ___ No ___

If yes, Property Address:

Rent per month:

Property Address:

Rent per month:

4. Are any of the Properties encumbered by a Mortgage?

Yes No

If yes, Property Address:

Principal Balance:

Property Address:

Principal Balance:

E. Applicant's and Spouse's Debts

Donor	Donee	Date of Gifts (Month/Y ear)	Amount
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VII. Household Expenses for Homestead Only

- Rent
- Homeowner's Assn. (monthly fees)
- Condo Assn. (monthly fee)
- Real Estate Taxes
- Homeowner's Insurance
- Condo Insurance
- Telephone
- FPL/Utilities

VII Funeral Plans

1.

Has a Funeral Plan Been Purchased for Applicant?

Yes No

Funeral Home:

Is Plan Irrevocable?

Yes No

Has a Funeral Plan Been Purchased for Applicant's Spouse?

Yes No

Funeral Home:

Is Plan Irrevocable?

Yes No

Have burial plots been purchased for Applicant and/or Applicant's spouse?

Yes ___ No ___ If yes, where:

MEDICAID APPLICATION: ITEMS NEEDED

Kindly gather the following list of items, and have ready to present to the attorney in preparation for meeting with the Medicaid case worker at the interview held after application is filed.

Start gathering the forms and information now. Do not wait until the last moment before the interview. If you can't find all the forms or information or some of the items listed that do pertain to you, see your attorney or legal assistant at this office for advice.

- A. Photo I.D. of Applicant and spouse (i.e., driver's license, state issued ID card).
- B. Social Security card.
- C. Birth records and marriage records.
- D. Passports, even if expired.
- E. Military discharge papers (if applicable).
- F. Death certificate for spouse (if applicable).
- G. Alien registration or naturalization papers.
- H. Medicare Card or HMO card and cards from any health insurance plan along with recent premium notice.
- I. Social Security Administration statements of benefits for husband and wife.
 - 1. Benefit statements from Veterans Administration and Pension funds, stating **gross** monthly amount.
- K. Life insurance policies and statements showing current cash surrender values.
- L. Deeds to all property **wherever** located on which applicant or applicant's spouse's name appear.
- M. Real Estate tax bill (the most current ones available) for each property.
- N. Contracts for sale of real estate.
- O. Closing statements for property sold within past 3 years.
- P. Leases and rent schedules (or letter from landlord).

Q. Title or registration for cars, mobile homes and boats owned.

R. Contracts for burial plots and funeral arrangements along with irrevocable statement from funeral home.

S. The most recent bank statements on all bank accounts on which applicant or applicant's spouse's name appear (for last 3-4 months) i.e. checking, savings, money markets, CDs, along with copies of checks.

T. Statements from your stock brokers for past three (3) months or listing of any stocks and bonds owned and market values (show who owns what).

U. Statements on any brokerage money market accounts on which applicant or applicant's spouse's name appear.

V. If working, proof of income earned during past 2 months (8 weeks).

W. Annuity contracts owned by you for which you receive payments.

X. Mortgages and promissory notes you own and for which you receive payment.

Y. Income tax returns for past three (3) years (if applicable).

Z. Intangible tax returns for past three (3) years (if applicable).

AA. Last bill for homeowner's or condo insurance.

BB. Condominium or homeowner's association maintenance charges (bills or coupons).

CC. Utility bills (electricity, gas, water, sewage and waste management and water)--not telephone.

DD. Proof as to unemployment compensation or worker's compensation received.

EE. Proof of legal guardianship, if applicable.

FF. Contracts with care providers.

I certify that the above information is a true and accurate representation of all assets and income of both applicant and applicant's spouse. Should any information be omitted or incorrect I hold harmless the Law Office of Jerome Ira Solkoff, P.A., its attorneys, legal assistants and staff from all liability resulting from said omission or incorrect information.

APPLICANT

APPLICANT'S SPOUSE