

**MEDICAID INTAKE FORM
(SINGLE)**

Matter Reference: _____ Client Name: _____

Name of person requesting Medicaid : _____

PERSONAL DATA

1. Name: _____
DOB: _____ SSN: _____ - _____ - _____ County: _____
Street Address: _____
City, State, Zip: _____
Day Phone: _____ Eve. Phone: _____ Cell Phone: _____
Email Address: _____
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2. If you are currently in health care facility:
Name of Facility: _____
Address: _____
Type of facility: _____ Level of care: _____ Date of Admission _____
Mental Health Status: _____
Physical Health Status: _____
Current source of payments for care: _____
Is the Facility Medicaid Certified? _____

FAMILY

3. Name(s) of child(ren):
Name: _____ DOB: _____ Marital Status: _____
Address: _____
Day Phone: _____ Eve. Phone: _____
Email Address: _____

Name: _____ DOB: _____ Marital Status: _____
 Address: _____
 Day Phone: _____ Eve. Phone: _____
 Email Address: _____

Name: _____ DOB: _____ Marital Status: _____
 Address: _____
 Day Phone: _____ Eve. Phone: _____
 Email Address: _____

Name: _____ DOB: _____ Marital Status: _____
 Address: _____
 Day Phone: _____ Eve. Phone: _____
 Email Address: _____

LIVING ARRANGEMENTS

What is your current living arrangement?

- Renting a Home _____
- Own/Buying a Home _____
- Nursing Home/Facility _____
- Living w/Relatives _____
- Living w/Friends _____
- Subsidized Housing _____
- Family Member Living with you _____

PROPERTY

List your own property with estimated fair market values in the broad categories provided. Specify how the property is held. **Please attach a copy of all deeds.**

<u>Family Residence</u>	Value	Ownership
Tax assessed value:	_____	_____
Mortgage Balance:	_____	_____
Type of Mortgage (i.e., reverse?)	_____	_____
Year of Purchase:	_____	_____
Purchase Price:	_____	_____

Other Real Estate

Location: _____		
Tax assessed value:	_____	_____
Mortgage Balance:	_____	_____
Year of Purchase:	_____	_____
Purchase Price:	_____	_____

AUTOMOBILE(S)

#1 Year: _____
 Make: _____
 Model: _____
 Loan Balance: _____

#2 Year: _____
 Make: _____
 Model: _____
 Loan Balance: _____

HOUSEHOLD MEMBER INFORMATION (list anyone else who lives in your household)

Name: _____ Relationship to You: _____

Name: _____ Relationship to You: _____

Name: _____ Relationship to You: _____

Name: _____ Relationship to You: _____

Do any have a conviction for a felony that involved the possession, use or distribution of a controlled substance? Yes D No D

A veteran or spouse of a veteran? Yes D No D

HEALTH INSURANCE

Do you have Medicare benefits? Yes D No D
 If yes, Part A? _____ Part B? _____

Policy Number _____

Effective Date: Part A? _____ Part B? _____

Do you have a Medicare Supplement Health Policy? Yes D No D
 If yes, name and address of company: _____

Do you have Long Term Care Insurance? Yes D No D
 If yes, attach policy or benefit summary page

Do you have Veteran's Benefits health insurance? Yes D No D
 If yes, type/amount of benefits: _____

Branch of Service: _____ Vet's Serial Number: _____

Service Entry Date: _____ Discharge Date: _____

Attach discharge papers.

FINANCIAL INFORMATION**A. Monthly Income**

Social Security Benefits	\$ _____
Retirement Benefits (Gross)	\$ _____
VA Disability Benefit	\$ _____
Annuity Income	\$ _____
Interest Income	\$ _____
Dividend Income	\$ _____
Royalty Income	\$ _____
IRA Distributions	\$ _____
Other Investment Income	\$ _____
Rental Income	\$ _____
Earned Wages	\$ _____
Self-employed earnings	\$ _____
Reverse Mortgage Payment	\$ _____
In-kind (services vs. rent)	\$ _____
Other Income (Please list)	\$ _____
TOTAL MONTHLY INCOME	\$ _____

If there is a pension, please list the *gross pension amount* (the dollar amount prior to taking out monies for federal income taxes, health insurance, or any other reason).

Will anyone receive a survivor's benefit?	Yes D	No D
Could this pension amount increase in the future?	Yes D	No D

B. GIFTS

Please list all gifts made in the last 5 years in excess of \$1,000 made to any individual or group of individuals (**attach separate sheet if necessary**). **Gifts include cash gifts, transfers of real property (land, buildings, etc), personal property(cars, boats, jewelry, artwork, etc), annuity funds, burial insurance policy funds, life insurance funds, etc. A gift also includes a loan or credit card payments made for another person. For example, a gift occurs if the parent makes a payment on existing student loan or credit card for a child.**

Recipient _____ Date _____ Amount \$ _____
 Recipient _____ Date _____ Amount \$ _____
 Recipient _____ Date _____ Amount \$ _____
 Recipient _____ Date _____ Amount \$ _____
 Recipient _____ Date _____ Amount \$ _____
 Recipient _____ Date _____ Amount \$ _____
 Recipient _____ Date _____ Amount \$ _____

LIFE INSURANCE (attach copies of last statement)

Name of Insured Person: _____

Name of Policy Owner: _____

Type of Insurance: _____ Policy #: _____

Name of Insurance Company: _____

Address of Insurance Company: _____

Date Purchased: _____

Face Value: _____ Cash Surrender Value: _____

Have you borrowed on the above life insurance policy? Yes No

Has any money been added to the account within the past 24 mos. Yes No

Have you or anyone in your household received a lump sum payment such as a lawsuit settlement, insurance settlement, etc. Yes No

ANNUITY CONTRACT(S)

Name of Annuitant: _____ Policy #: _____

Name of Policy Owner: _____ Name of Annuity Co. _____

Name(s) of Beneficiaries: _____

Address of Annuity Company: _____

Date Purchased: _____ Amount of Initial Premium: _____

Current Value: _____ Death Benefit: _____

BURIAL ARRANGEMENTS (attach copies of contract or services that will be provided)

Do you have a cemetery deed?	Yes D	No D
Do you have a funeral home contract?	Yes D	No D
Do you have an insurance company contract?	Yes D	No D
Is a bank or any other person holding money for you to be used for funeral expenses?	Yes D	No D

MISCELLANEOUS

A. Have you made a will, signed a trust, powers of attorney, or other estate planning documents?	Yes D	No D
B. Do you anticipate receiving an inheritance? Approximate size? _____	Yes D	No D
C. Are you a trust beneficiary?	Yes D	No D

ASSETS

Please attach a financial statement form or complete the following worksheet. Please list the value of the following assets owned by you, your spouse, or jointly. It is not necessary to provide the exact value of each asset; an approximation or average balance is sufficient. If you have any questions about the information requested below, please feel free to make a note and I will discuss it with you in detail when we meet.

Cash	_____
Checking Accounts	_____
Savings Accounts	_____
CDs	_____
Money Market Funds	_____
Stocks & Stock Funds	_____
Retirement Funds	_____
401(k) Plans	_____
IRAs	_____
Annuities	_____
Mutual Funds	_____
Primary Residence	_____
Secondary Residence	_____
Other Real Estate	_____

Copyrights, Royalties, Patents, Trademarks, and other Tangible Rights	_____
Life Insurance-Death Value	_____
Life Insurance-Cash Value	_____
Motor Vehicles	_____
Boats	_____
Loans to family members	_____
Sports and Hobby Equipment	_____
Household Possessions (Antiques, artwork, jewelry, collections, etc.)	_____
Interests in Trusts	_____
Family Business	_____
Other Business Interests	_____
Safe Deposit Box	_____
Contract of Sale	_____
Income Tax Refund	_____
Other	_____
TOTAL ASSETS	_____

YOU MUST ATTACH THE MOST RECENT THREE MONTHS ACCOUNT STATEMENTS FOR EACH BANK, INVESTMENT, RETIREMENT OR LIFE INSURANCE ACCOUNT AND COPIES OF DEEDS TO YOUR REAL PROPERTY

PLEASE ATTACH COPIES OF TRUSTS, WILLS, AND POWERS OF ATTORNEY.

Dated: _____.

Name of person who completed this form

Signature