

MEDICAID PLANNING FORM

Date: _____

1. GENERAL INFORMATION

Medicaid Applicant:

Medicaid Applicant's Full Name: _____

Home Address (or nursing home): Street _____

City: _____ State: _____ Zip: _____

Applicant Date of Birth: _____ Applicant Soc. Sec. #: _____

If in nursing home, name & date admitted : _____

Phone with area code: _____

Spouse:

Is Spouse Deceased? Yes No *If yes, date of death:* _____

If no: Spouse Full Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Spouse Date of Birth: _____ Spouse Social Security #: _____

Home Phone with area code: _____

E-Mail: _____ Fax: _____

Children (if applicable) Provide full names, addresses, phones with area code:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

2. ASSET INFORMATION

Home: Do you own your own home? Yes No

If yes, type of ownership: Applicant Spouse Applicant & Spouse Jointly Other

Address: _____ Approx. Value: \$ _____

Bank Accounts: List all types of bank accounts held during the last 36 months:

1. Bank _____ Account # _____

Type of Ownership: Applicant Spouse Applicant & Spouse Jointly Other

Approx. Balance \$ _____ If Closed, date closed _____

2. Bank _____ Account # _____

Type of Ownership: Applicant Spouse Applicant & Spouse Jointly Other

Approx. Balance \$ _____ If Closed, date closed _____

3. Bank _____ Account # _____

Type of Ownership: Applicant Spouse Applicant & Spouse Jointly Other

Approx. Balance \$ _____ If Closed, date closed _____

4. Bank _____ Account # _____

Type of Ownership: Applicant Spouse Applicant & Spouse Jointly Other

Approx. Balance \$ _____ If Closed, date closed _____

Life Insurance:

1. Company _____ Policy # _____ Owner: _____

Face Value: \$ _____ Cash Surrender Value: \$ _____

2. Company _____ Policy # _____ Owner: _____

Face Value: \$ _____ Cash Surrender Value: \$ _____

3. Company _____ Policy # _____ Owner: _____

Face Value: \$ _____ Cash Surrender Value: \$ _____

Any Other Assets Not Mentioned Above? _____

Transfers: Have you transferred any property within the last 36 months? Yes No *If yes:*

1. Type of Property: _____

To whom transferred _____ Approx Value: \$ _____

2. Type of Property: _____

To whom transferred _____ Approx Value: \$ _____

3. Type of Property: _____

To whom transferred _____ Approx Value: \$ _____

Monthly Income:

	Applicant	Spouse
Social Security/Month	\$ _____	\$ _____
Pension/Month	\$ _____	\$ _____
Veteran Benefits/Month	\$ _____	\$ _____
Other Income/Month	\$ _____	\$ _____

Veteran Status:

Is applicant a veteran? Yes No

Is spouse a veteran? Yes No

3. ADDITIONAL APPLICANT INFORMATION:

Has prepaid funeral? Yes No

If yes, name of funeral director _____

Has burial plot? Yes No

Owns automobile? Yes No

Has safe deposit box? Yes No

Has power of attorney? Yes No

If yes, held by _____

Has health care proxy? Yes No

Has living will? Yes No

Is expecting an inheritance? Yes No

Has Medicare? Yes No

If yes: Has Medicare Part A? Yes No

Has Medicare Part B? Yes No

Medicare ID# _____

Has private health insurance? Yes No

If yes, name of company _____

Policy # _____ Monthly Premium \$ _____