



## MEDICAID & LONG-TERM CARE QUESTIONNAIRE

This information will be a guide for you and your attorney in planning for Medicaid and long-term care. If you do not have enough room, you can write on the back.

Medicaid Applicant: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Applicant's Spouse/Partner (if any): \_\_\_\_\_

Applicant's Spouse/Partner's Date of Birth: \_\_\_\_\_

Applicant's Spouse/Partner's Social Security Number: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Applicant's County of Residence: \_\_\_\_\_

### FAMILY INFORMATION

Name of Child:

Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the Medicaid applicant have a Will, Trust or Power of Attorney? \_\_\_\_\_  
If yes, please bring them with you when you meet with the attorney.

INCOME INFORMATION

Please list all sources of fixed income (e.g., gross amount of Social Security, pension, etc.).

Medicaid Applicant

Spouse/Partner (if any)

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PROPERTY INFORMATION

Please list all resources owned by the Medicaid applicant and/or the applicant's spouse. Indicate who owns which asset, or if jointly owned.

<u>Real property Type and Location:</u>	<u>How owned</u>	<u>Approx. Market Value</u>	<u>Approx. Mortgage Amount</u>
_____			
_____			
_____			

Accounts: (checking, savings, CDs)

	<u>How Owned</u>	<u>Approx. Market Value</u>
_____		
_____		
_____		
_____		
_____		

Life Insurance or Retirement Account (Pensions, IRAs):

Company	Type	Beneficiary	Alt. Beneficiary	Value (Cash Value if life ins.)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Investments (Stocks, Bonds, Loans, business Interests):

	How <u>Owned?</u>	Approx. Market <u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSEHOLD EXPENSES

Rent or Mortgage payments (if any)	\$ _____/month
Property Taxes	\$ _____/year
Homeowner or Renter's Insurance	\$ _____/year
Condo or Maintenance Fees (if any)	\$ _____/month

Please bring documentation of the figures listed above when you meet with the attorney (e.g., bank statements, investment account statements, check stubs, etc.).