

**ELDER LAW/MEDICAID PLANNING DATA**

In order to assist you with your estate planning, it is necessary that we have certain information about the applicant's life situation. We will refer to the person applying for government benefits as the "account representative" (AR). All information will be strictly confidential. Please indicate if an item is inapplicable. Information pertains to the individual who may be going into a long term care living arrangement in the near future or intends to apply for Medicaid benefits.

Today's Date: \_\_\_\_\_

**I. FAMILY INFORMATION**

1. Full Name of person (AR) applying for Medicaid: \_\_\_\_\_
2. Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
U.S. Citizen: ( ) Yes ( ) No
3. Principal residence: \_\_\_\_\_  
How long at current residence: \_\_\_\_\_
4. Current marital status: ( ) Single ( ) Married ( ) Widowed ( ) Divorced
5. Name of spouse: \_\_\_\_\_  
AR Spouse's Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
U.S. Citizen: ( ) Yes ( ) No
6. Spouse's residence (if different from AR's): \_\_\_\_\_
7. AR Income: \_\_\_\_\_ Describe Sources: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Spouse's Income: \_\_\_\_\_ Describe Sources: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Does the AR manage own finances: ( ) Yes ( ) No If no, then who? \_\_\_\_\_
9. If disabled and under 65 years of age:  
Date of onset of disability: \_\_\_\_\_  
Brief description of disability: \_\_\_\_\_  
\_\_\_\_\_
10. Indicate if the AR has a Will\*: ( ) Yes ( ) No  
Power of Attorney\*: ( ) Yes ( ) No  
Health Care Directives\*: ( ) Yes ( ) No

HIPAA\*: ( ) Yes ( ) No

Living Will\*: ( ) Yes ( ) No

11. Has the AR ever been declared incompetent by a physician or court? If so, detail:

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**\* Bring to conference with attorney.**

12. Has a legal Guardian ever been appointed for AR? ( ) Yes ( ) No

## II. CHILDREN & GRANDCHILDREN

Please designate which children, if any, are adopted, are stepchildren, or are children of a prior marriage. Please indicate if any of the AR's children are deceased, disabled, and whether they have any surviving children.

<u>Name</u>	<u>Age</u>	<u>Married</u>	<u>Disabled</u>	<u>Deceased</u>	<u>Step</u>


### III. FINANCIAL INFORMATION

Please provide this information to the best of your abilities regarding the finances of the AR and spouse. Values may be rounded.

1. REAL ESTATE

<u>Description</u>	<u>Current Value</u>	<u>Owner(s)</u>

2. CLOSELY-HELD BUSINESS INTERESTS

<u>Description</u>	<u>Value</u>	<u>Owners</u>

3. LISTED SECURITIES (Stocks & Bonds)

<u>Description</u>	<u>Current Market Value</u>	<u>Owners</u>


4. PERSONAL PROPERTY

<u>Description</u>	<u>Current Fair Market Value</u>	<u>Owners</u>
A. Automobile		
B. Collectibles		
C. Farm or Business Equipment		
D. Other		

5. RETIREMENT (IRA, 401(k), pension, etc)

<u>Description</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Value</u>

6. LIFE INSURANCE

<u>Description</u>	<u>Name of insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amt</u>


7. ANNUITIES

<u>Company</u>	<u>Type</u>	<u>Date</u>	<u>Amount</u>	<u>Owner</u>	<u>Current Balance</u>	<u>Remainder Beneficiaries</u>

8. CASH EQUIVALENT

<u>Name of bank &amp; type of account</u>	<u>Current Balance</u>	<u>Owner of account</u>

9. OTHER ASSETS (including boats, jewelry, money owed AR or spouse, prepaid funeral plans)

<u>Description</u>	<u>Value</u>	<u>Owners</u>

10. TRUSTS

Is the AR a beneficiary of any trust? ( ) Yes ( ) No

Currently receiving distributions?      ( ) Yes    ( ) No

Has the AR ever established a trust? If so, when: \_\_\_\_\_;

What assets are in trust? \_\_\_\_\_  
\_\_\_\_\_

11.    DEBTS, MORTGAGES & LIENS    (give amounts; note if debt is secured)

Debts unsecured (e.g. credit card), total: \_\_\_\_\_

Secured debt (e.g. mortgage): \_\_\_\_\_

Bank loans: \_\_\_\_\_

Insurance policy loans: \_\_\_\_\_

Installment contracts (e.g. Auto): \_\_\_\_\_

Contingent liabilities (guaranty, indemnity agreements): \_\_\_\_\_

12.    Has the AR or spouse transferred assets within last 5 years?      ( ) Yes    ( ) No

If yes, describe what value, and who were recipients. \_\_\_\_\_  
\_\_\_\_\_

13.    Has the AR ever applied for Medicaid? \_\_\_\_\_

14.    Does AR have Long Term Care Insurance? \_\_\_\_\_