

# MEDICAID QUESTIONNAIRE

## **PERSONAL DATA (Person in Need)**

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

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Day phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Race or Ethnic Group: \_\_\_\_\_ U.S. Citizen: Yes  No

Employer: \_\_\_\_\_ Retirement date: \_\_\_\_\_ Veteran: Yes  No

Spouse: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Employer: \_\_\_\_\_ Retirement date: \_\_\_\_\_ Veteran: Yes  No

Race or Ethnic Group: \_\_\_\_\_ U.S. Citizen: Yes  No

## **FAMILY**

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Date of Marriage: \_\_\_\_\_

### ***Children:***

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First Name	MI	Last Name	Age	Address (street, town, state and zip)	Telephone
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Spouse's Name	Names and Ages of Grandchildren
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First Name	MI	Last Name	Age	Address (street, town, state and zip)	Telephone
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Spouse's Name	Names and Ages of Grandchildren
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First Name	MI	Last Name	Age	Address (street, town, state and zip)	Telephone
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Spouse's Name	Names and Ages of Grandchildren
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First Name	MI	Last Name	Age	Address (street, town, state and zip)	Telephone
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Spouse's Name	Names and Ages of Grandchildren
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Have you or your spouse been married before? Yes  No

If yes, do you or your spouse have any children from this previous marriage? Yes  No

Do you or your spouse have children who have died leaving children? Yes  No

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? Yes  No

Do you and your spouse have a pre-nuptial or Post-nuptial agreement? Yes  No

**MEDICAL/DISABILITY**

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Is anyone in your family disabled? Yes  No

If yes, please explain (include relationship): \_\_\_\_\_

Is anyone at risk for becoming seriously ill or disabled because of a medical condition or family history? Yes  No

If yes, please explain: \_\_\_\_\_

Doctor: \_\_\_\_\_  
Name Address

Spouse's Doctor: \_\_\_\_\_  
Name Address

Has anyone in your family recently entered a hospital or skilled nursing facility? Yes  No  Daily Charge: \$ \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**HEALTH INSURANCE**

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	You	Spouse	Effective Dates
Medicare	_____ Number	_____ Number	_____
Insurance from Employer	_____	_____	_____
Medicare Supplement	_____	_____	_____
Long-Term Care Insurance	_____	_____	_____
Other	_____	_____	_____

**FINANCIAL**

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***Income Producing Assets:***

Bank Accounts, CDs, Brokerage Accounts, Stocks, Corporate or U.S. Bonds, other:

<u>Description &amp; Location of Property</u>	<u>Value</u>	<u>Acct. No.</u>	<u>In Whose Name?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL:			_____

Have you or your spouse made any transfers or gifts of \$10,000 or more during the past three years? Yes  No

If yes: Date: \_\_\_\_\_ Value: \_\_\_\_\_ To Whom/Relationship \_\_\_\_\_

***Real Estate:***

<u>Description of Property</u>	<u>Purchase Date</u>	<u>Purchase Price</u>	<u>Value</u>	<u>In Whose Name?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Who else lives in the house? \_\_\_\_\_ How long? \_\_\_\_\_

Relationship: \_\_\_\_\_

Do you or your spouse have an interest in any business? Yes  No

<b><i>Monthly Income:</i></b>	<b>You</b>	<b>Your Spouse</b>	<b>Joint</b>
Social Security	_____	_____	_____
Employment	_____	_____	_____
Pension from _____	_____	_____	_____
IRAs, Annuities, etc. _____	_____	_____	_____
Rents _____	_____	_____	_____
Business Interest _____	_____	_____	_____
Other _____	_____	_____	_____
TOTALS:		_____	_____

Which sources of income have a benefit for a surviving spouse?

\_\_\_\_\_

***Life Insurance:***

<u>Whose Life?/Type</u>	<u>Company</u>	<u>Face Value</u>	<u>Cash Value</u>	<u>Policy No.</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

***Other Property with Designated Beneficiaries:***

Do you have IRAs, vested pension plans, annuities, or other assets that would pass on your death to a particular beneficiary that you have designated?

<u>Description</u>	<u>Value</u>	<u>Designated Beneficiary</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you or your spouse expect an inheritance? Yes  No

Are you or your spouse the beneficiary of any trust? Yes  No

***Liabilities (mortgages, notes to banks, notes to others, loans on insurance, other):***

<u>Description</u>	<u>Balance Due</u>	<u>Monthly Payment</u>	<u>Maturity Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Location of important papers: \_\_\_\_\_

**PERSONAL PROPERTY** (Autos, RVs, boats, antiques, heirlooms, jewelry,

collections, etc.)

<u>Description of Property</u>	<u>Value</u>	<u>In Whose Name?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MONTHLY EXPENSES** (Average)

**HOUSING**

Rent/Mortgage \_\_\_\_\_  
 Property Taxes \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Cable TV \_\_\_\_\_  
 Electric/Gas \_\_\_\_\_  
 Water/Sewer \_\_\_\_\_  
 Maint/Repairs \_\_\_\_\_

**AUTOMOBILE**

Loan Payments \_\_\_\_\_  
 Insurance \_\_\_\_\_  
 Gas/Oil \_\_\_\_\_  
 Maint/Repairs \_\_\_\_\_

**DEBTS**

Credit Cards \_\_\_\_\_  
 Other \_\_\_\_\_

**MEDICAL**

Insurance \_\_\_\_\_  
 Doctor/Dentist \_\_\_\_\_  
 Prescriptions \_\_\_\_\_  
 Home Health Care \_\_\_\_\_

**CLOTHING**

Purchases \_\_\_\_\_  
 Cleaners \_\_\_\_\_

**ENTERTAINMENT/RECREATION**

Vacation \_\_\_\_\_  
 Dining Out \_\_\_\_\_  
 Clubs \_\_\_\_\_

**MISCELLANEOUS**

Gifts \_\_\_\_\_  
 Food \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**NURSING HOME**

Daily Cost \_\_\_\_\_

**LEGAL**

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<i>Original</i>	Date Made	Location of
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Health Care Proxy	_____	_____
Living Trust	_____	_____

I am the legally appointed guardian of: \_\_\_\_\_

I have been appointed under a Power of Attorney from: \_\_\_\_\_

I am serving as executor or administrator of an estate: \_\_\_\_\_

I am involved in a lawsuit: \_\_\_\_\_

I have lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington)

\_\_\_\_\_

Other legal concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please bring copies of the following documents with you to your meeting with the attorney:**

1. Will, Codicil, Trust Agreements
2. Real Estate Deeds, Appraisals
3. Admission Agreements to Hospitals and Health Facilities
4. Divorce Decrees, Prenuptial Agreements, Adoption Papers
5. Guardianship Documents
6. Living Will, Health Care Declaration or Power of Attorney, Durable Powers of Attorney
7. A list of full names, addresses, telephone numbers of people who have a part in your planning as executors, trustees, beneficiaries of your estate, helpers and advisors