

# Medicaid Planning Survey Form

Note: If applicant is married, information is required for applicant AND spouse

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

## SECTION 1: GENERAL INFORMATION

Name of Medicaid Applicant \_\_\_\_\_

Home Address or Nursing Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If in nursing home, date of admission \_\_\_\_\_

Date of birth \_\_\_\_\_ Soc Sec # \_\_\_\_\_

### Spouse Information:

Name \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_ If deceased, date of death \_\_\_\_\_

Spouse Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email: \_\_\_\_\_

Alternate/2<sup>nd</sup> Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Alternate Home Phone number \_\_\_\_\_

Name of Person who referred you to this firm \_\_\_\_\_

Name, Address & Tel. No. of person filling out this form (if other than client)

\_\_\_\_\_  
\_\_\_\_\_

### Children:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (w/area code): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Children (continued):**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (w/area code): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (w/area code): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (w/area code): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (w/area code): \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**SECTION 2: ASSETS & FORM OF OWNERSHIP**

**Real Estate**

**Home**

Does applicant own his/her own home?  Yes  No *If yes, answer the following:*

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Approx Value: \$ \_\_\_\_\_ Total Mortgage Due \$ \_\_\_\_\_

Monthly Mortgage Payment \$ \_\_\_\_\_

Ownership:  Applicant  Applicant & Spouse  Spouse Only  
 Applicant & Other: \_\_\_\_\_  Spouse & Other: \_\_\_\_\_

**Other Real Property Owned**

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Approx Value: \$ \_\_\_\_\_ Total Mortgage Due \$ \_\_\_\_\_

Monthly Mortgage Payment \$ \_\_\_\_\_

Ownership:  Applicant  Applicant & Spouse  Spouse Only  
 Applicant & Other: \_\_\_\_\_  Spouse & Other: \_\_\_\_\_

**IRAs, Pensions, 401Ks, Retirement Plans**

	Bank or Brokerage	Acct #	Owner	Approx \$ Value
Acct #1			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse	
Acct #2			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse	
Acct #3			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse	
Acct #4			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse	

**Bank Accounts** (all accounts held past 36 months. Exclude IRA and retirement type accounts)

	Bank Name	Acct #	Account Type	Owner	Approx \$ Value	If closed date closed
Acct #1			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #2			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #3			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #4			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #5			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #6			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #7			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		

**Annuities**

	Company & Policy #	Approx \$ Value	Owner	Annuitant's Name
Annuity #1			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Trust	
Annuity #2			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Trust	
Annuity #3			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Trust	
Annuity #4			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Trust	

**Life Insurance**

	Company	Policy#	Owner	Insured	Face Value	Cash Surrender Value
Policy #1			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Trust			
Policy #2			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Trust			
Policy #3			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Trust			

**Brokerage Accounts** (those held past 36 months WITH a broker. Exclude IRA/Retirement Type)

	Broker Name	Acct#	Owner	Approx Value	If closed, date closed
Acct #1			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #2			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #3			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #4			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		

Acct #5			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #6			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		

**Individually Held Stocks, Bonds, Mutual Funds (Exclude IRA/Retirement type)**

	Stock/Bond/ Mutual Fund	Owner	Approx Value	If closed, date closed
Acct #1		<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #2		<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #3		<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		

Acct #4		<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Trust		
Acct #5		<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Trust		
Acct #6		<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Trust		

**Any other assets not listed above. Please provide type, ownership, value:**

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**SECTION 3: TRANSFERS**

Have you given away or sold real property or other assets within the past 3 years?

Yes  No *If yes, answer the following:*

	Type of Property/Asset	Value	Type of Transfer	Date of Transfer
Transfer #1			<input type="checkbox"/> Gift <input type="checkbox"/> Sale	
Transfer #2			<input type="checkbox"/> Gift <input type="checkbox"/> Sale	
Transfer #3			<input type="checkbox"/> Gift <input type="checkbox"/> Sale	
Transfer #4			<input type="checkbox"/> Gift <input type="checkbox"/> Sale	

**SECTION 4: INCOME**

	Soc Sec/Month	Pension/Month	Veterans Benefits/Month	Other Income/Month
Applicant				
Spouse				

**SECTION 5: ADDITIONAL QUESTIONS**

Does the **applicant** have a **CHILD** who is disabled or receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)? ..... q Yes q No

**Regarding the applicant:**

Has prepaid funeral? ..... q Yes q No

*If yes, funeral director* \_\_\_\_\_

Has burial plot? ..... q Yes q No

Owns automobile?..... q Yes q No

Has safe deposit box? ..... q Yes q No

Has healthcare proxy?..... q Yes q No

Has living will?..... q Yes q No

Has trust?..... q Yes q No

Has power of attorney? ..... q Yes q No

*If yes, who is agent?* \_\_\_\_\_

Has Medicare? ..... q Yes q No

*If yes, ID #* \_\_\_\_\_ *Part A* \_\_\_\_\_ *Part B* \_\_\_\_\_

Has private health insurance? ..... q Yes q No

*If yes, company:* \_\_\_\_\_ *ID#* \_\_\_\_\_ *Premium/Month* \_\_\_\_\_

Veteran?..... q Yes q No

Expecting an inheritance? ..... q Yes q No

US Citizen? ..... q Yes q No

**Spouse:**

Veteran?..... q Yes q No

Expecting an inheritance? ..... q Yes q No

Has Medicare? ..... q Yes q No

*If yes, ID #* \_\_\_\_\_ *Part A* \_\_\_\_\_ *Part B* \_\_\_\_\_

Has private health insurance? ..... q Yes q No

*If yes, company:* \_\_\_\_\_ *ID#* \_\_\_\_\_ *Premium/Month* \_\_\_\_\_

**SECTION 6: YOUR COMMENTS & QUESTIONS**

Please use this area for any additional information, or comments or questions:

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