

Medicaid Information Form

Client Name: _____ Spouse's Name: _____

Address:

City: _____ State: _____ Zip Code: _____

Client Age: _____ Date of Birth: ____ / ____ / ____ SS#: _____ - _____ - _____

Spouse Age: _____ Date of Birth: ____ / ____ / ____ SS#: _____ - _____ - _____

Nursing Home Admission Date: ____ / ____ / ____

Nursing Home Name: _____

Address:

City: _____ State: _____ Zip Code: _____

Nursing Home Telephone: _____ - _____ - _____

Nursing Home Contact Person (if known): _____

Client Documents:

Will: _____ POA: _____ Gift Power: _____ Living Will: _____

Assets At Time Entered Nursing Home (Include Spouse):

Residence - How Titled _____

Car - How Titled _____

Whole Life Insurance _____

IRA _____ Spouse's IRA _____

Beneficiary _____ Beneficiary _____

Pension _____ Spouse's Pension _____

Beneficiary _____ Beneficiary _____

Medigap (other type) Insurance _____ Premium \$ _____

Bank Accounts:

(a) Bank _____ \$ _____ Title _____

(b) Bank _____ \$ _____ Title _____

(c) Bank _____ \$ _____ Title _____

Other Investments/Assets _____

***Burial Plots, Where _____ Value \$ _____

***Irrevocable Burial Accounts or Pre-paid Funeral Contracts _____

If yes, which Funeral Home: _____

Trusts Created by Client/Spouse - Provide Copies

Trusts Created by Others - Provide Copies

Annuities - Provide Copies

Long Term Care Insurance - Provide Copy of Policy

Income:

Social Security:

Client \$ _____/month Spouse \$ _____/month

Pension:

Client \$ _____/month Spouse \$ _____/month

IRA Minimum Dist

Client \$ _____/month Spouse \$ _____/month

Other Income

Client \$ _____/month Spouse \$ _____/month

Client \$ _____/month

Spouse \$ _____/month

Expenditures Following Nursing Home Admission (For Fair Consideration)

Burial Fund Client \$ _____ Spouse \$ _____

Care at Home Client \$ _____ Spouse \$ _____

Home Repairs Client \$ _____ Spouse \$ _____

Mortgage Pay Down Client \$ _____ Spouse \$ _____

Legal Fees Client \$ _____ Spouse \$ _____

Transfers Without Fair Consideration - Last Three (5) Years

Gift To _____ Date ____ / ____ / ____ \$ _____

Gift To _____ Date ____ / ____ / ____ \$ _____

Gift To _____ Date ____ / ____ / ____ \$ _____

Gift To _____ Date ____ / ____ / ____ \$ _____

Total Amount Gifted \$ _____

Children or Others That should Be Considered As Beneficiaries

Name _____

Relationship _____

Are any of the above minor or disabled children or disabled other individuals?

() Yes () No

If yes, please list below.

TOTAL AVAILABLE RESOURCES \$ _____

STANDARD COMMUNITY SPOUSE RESOURCE ALLOWANCE \$ _____

EXCESS RESOURCES \$ _____