MEDICAID PLANNING FORM

Client Information **Today's Date: ____/____/_____**

Applicant's Name: _____ Date of Birth: ____/____/_____

Address: _____ZIP: _____

County of Residence: _____ Since: ____/____/_____

Home Phone: _____

Applicant's Cell Phone: _____ E-mail: _____

Applicant U.S. Citizen? Yes ☐ No ☐ If not, lawful permanent resident? Yes ☐ No ☐

Applicant's Most Recent Employer: _____

From: ____/____/_____ TO ____/____/_____

Applicant Veteran? Yes ☐ No ☐

Government Benefits Applicant Currently Receiving (and on what basis):

(Examples: SSI, SSDI, Maryland Medical Assistance, etc.) _____

_____

_____

MARRIAGE INFORMATION

If applicant was married, please fill out this section.

Spouse's Name: _____ Date of Birth: ____/____/_____

Date of Marriage: ____/____/_____

Date of Divorce: ____/____/_____ or Date of Death: ____/____/_____

Spouse U.S. Citizen? Yes ☐ No ☐ If not, lawful permanent resident? Yes ☐ No ☐

Do you receive a pension from your spouse? Yes ☐ No ☐

Was there a pre-nuptial or post-nuptial agreement? Yes ☐ No ☐

Had applicant been married previously? Yes ☐ No ☐

IF YES:

Date of Previous Marriage: ____/____/_____

Name of Former Spouse: _____

Date of Divorce: ____/____/_____ or Date of Death: ____/____/_____

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Children Information
(if child is adopted, please indicate as such)

Oldest Child: _____ Date of Birth: ____/____/_____
Address: _____
Phone: _____ E-mail: _____
Child's Spouse: _____

Next Born Child: _____ Date of Birth: ____/____/_____
Address: _____
Phone: _____ E-mail: _____
Child's Spouse: _____

Next Born Child: _____ Date of Birth: ____/____/_____
Address: _____
Phone: _____ E-mail: _____
Child's Spouse: _____

☐ If you have more children, check this box and write information on the back.

☐ If you have other dependents, check this box and write information on the back.

Will any minor children require the appointment of a guardian in the event of your death? Yes☐ No ☐ Is anyone in your family disabled? Yes ☐ No☐

If yes, please explain: _____

_____

Parents Information

Is applicant's father still living? Yes☐ No☐ Is applicant's mother still living? Yes☐ No ☐

Applicant's Health

Please describe all applicant's health conditions:

_____

_____

_____

_____

_____

Has applicant ever been admitted to a nursing or rehabilitation facility? Yes ☐ No ☐

If yes, dates and reason: _____

Has aaplicant ever applied for Medicaid – Long Term Care? Yes ☐ No ☐

If yes, date and status of application: _____

INCOME

Please list ALL sources of regular or expected income, with brief explanation and monthly amount.

_____

_____

_____

ASSETS

Accounts

Please provide the name of the institution in which either spouse has any of the following accounts, identifying the holder and any joint holder of each account, the approximate value of each account and any named beneficiary (such as Pay on Death):

Checking Accounts: _____

_____

Savings/Money Market Accounts: _____

_____

Retirement Accounts: _____

_____

Investment or Brokerage accounts: _____

_____

Annuities: _____

_____

Other Accounts: _____

_____

Do you own stocks or bonds that are not managed by an institution? Yes ☐ No ☐

If yes, please describe, including approximate value: _____

_____

If you have a safe deposit box, where is it? _____

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Do you have property stored anywhere else outside your home? Yes ☐ No ☐

If so, what and where? _____

Have you or your spouse ever filed a gift tax return? Yes ☐ No ☐

Gifts/Transfers

Medicaid applicants must provide bank records for previous five (5) years. Any funds transferred out of any account that were not in exchange for something of fair market value for that amount will be examined and may result in a penalty.
Please list and explain any significant gifts or transfer of funds, including assets placed in a Trust or spent for the interests of anyone other than Applicant, Spouse or minor children.

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Real Estate

Description and Address of Property#1_____

Purchase Date __/__/____ Name(s) on Deed _____

Purchase Price _____Amount Owed _____ Approx. Value _____

Description and Address of Property#2 _____

Purchase Date __/__/____ Name(s) on Deed _____

Purchase Price _____Amount Owed _____ Approx. Value _____

Business

Does Applicant or spouse have any interest in any business? Yes ☐ No ☐

If yes, name of business(es) and description of interest:

_____

_____

_____

_____

Does applicant have a Life Insurance Policy? Yes☐ No☐

If yes, please list by name of company, whole or term, beneficiary and amount:

_____

_____

_____

_____

Does applicant have Long Term Care Insurance? Applicant Yes ☐ No ☐

If yes, brief description: _____

Does Applicant expect an inheritance in the next 5-10 years? Yes ☐ No ☐

Is Applicant the beneficiary of any trust? Yes ☐ No ☐

If so, please describe: _____

_____

_____

Personal Property (Autos, Recreational Vehicles, Artwork, Jewelry, Collections, etc.)
Please list ALL property that has any market value and provide estimate of value. For vehicles or other property that have a title to them, list owner (with the name of any joint owner in parentheses).
If Applicant IS married, do not include household items such as furniture, electronics, etc:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Liabilities

Please list any significant debts associated with your estate (excluding those listed above), e.g., student loans, personal loans, credit cards, etc. including amounts:

_____ _____

_____ _____

_____ _____

Current Legal Documents

Does applicant currently have a Will? Yes ☐ No ☐ If yes, date: ____/____/_____

	Date Executed	Individual/s Named
Power of Attorney	_____	_____
Living Will/Health Directive	_____	_____

Trusts you have executed or for which you are trustee:

Name of Trust: _____ Date Executed: ____/____/_____

Type: _____ Trustee(s): _____

Beneficiaries: _____ Trust Assets: _____

Essential Terms: _____

Name of Trust: _____ Date Executed: ____/____/_____

Type: _____ Trustee(s): _____

Beneficiaries: _____ Trust Assets: _____

Essential Terms: _____

Location of important papers (notes/deeds/etc): _____

Does Applicant own a burial plot? Yes☐ No☐ Prepaid funeral plan? Yes☐ No☐

Other considerations relevant to my situation: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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