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MEDICAID PLANNING INTAKE WORKSHEET

The Bethany Law Center, LLP – Elder Law & Medicaid Planning

Confidential – For Internal Use Only

CLIENT INFORMATION

- **Full Legal Name:** _____
- **Date of Birth:** _____
- **Social Security Number:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Current Address:** _____
  _____

- **Marital Status:** ☐ Single ☐ Married ☐ Widowed ☐ Divorced
- **Name of Spouse (if applicable):** _____
- **Spouse's Date of Birth:** _____
- **Spouse Currently Living?** ☐ Yes ☐ No
- **Veteran Status:** Is Client and/or Spouse a Veteran? ☐ Yes ☐ No
  - If yes, did Client and/spouse serve during War Time? ☐ Yes ☐ No

HEALTH & CARE NEEDS

- **Current Living Arrangement:**
  ☐ Home ☐ Assisted Living ☐ Nursing Home ☐ With Family
  - Name of Facility (if applicable): _____
    - Date of Admission: _____

- **Medical Diagnoses/Conditions:**

  _____

  _____

  Medicare Number: _____

- **Other Insurance (Company & Policy #):** _____
- **Previously Applied for Medicaid Long Term Care Benefits?** ☐ Yes ☐ No
  - If yes, when: _____
  - Reason for denial: _____

INCOME SOURCES *(Monthly Amounts)*

INCOME TYPE	APPLICANT	SPOUSE (IF APPLICABLE)
Employment	$	$
Social Security	$	$
Pension(s)	$	$
Annuities	$	$
VA Benefits	$	$
Rental Income	$	$
Other:	$	$

ASSET SECTION *(Include balances as of today)*

Note: Please bring copies of vehicle title(s), deed(s), account statement(s), and/or policies of insurance.

Bank Account(s)

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below). Do not include IRAs or 401(k)s here.

Name of Institution and Account Number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stock(s) and Bond(s)

TYPE: List all stocks and bonds you own. <u>If held in brokerage account, lump them together under each account</u>. (indicate type below)

Stocks, Bonds or Investment Accounts (include Acct. #).	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Retirement Plans

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION** – Describe the type of plan, the plan name, current value of the plan, and any other pertinent information.

_____
_____
_____
_____
_____

Business Interests

TYPE: General and Limited Partnerships, Sole Proprietorships, privately-owned corporations, professional corporations, oil and gas interests, farm and/or ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Life Insurance Policies and Annuities

TYPE: Term, whole life, split dollar, group life, annuity. ADDITIONAL INFORMATION: Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Anticipated Inheritance, Gift, Lawsuit Judgment, Money Owed

TYPE: Gifts or inheritances that you expect to receive at some time in the future; moneys that you anticipate receiving through a judgment in a lawsuit; mortgages or promissory notes payable to YOU; or other moneys owed to YOU.

Automobiles, Boats, RVs, etc.

TYPE: For each motor vehicle, boat, R.V., etc. please provide the following: Vehicle Identification Number (VIN), Year, Make, Model, how the vehicle is titled (if applicable), market value, and any lienholder information.

Other Assets

TYPE: Other property includes any property that you have that does not fit into any category listed above (i.e. jewelry, art collections, equipment, etc.) Please describe the asset(s) and include ownership information and estimated value.

Gifts and Transfers

- **Have you (or your spouse) transferred any assets or made gifts over $500.00 in the past 5 years?**
  ☐ Yes ☐ No
  - If yes, provide dates, amounts, and recipients:

_____

_____

_____

_____

_____

Current Estate Planning Documents

- Do you have the following documents? ***(Please provide us with copies of your current documents)***
  ☐ Will
  ☐ Durable Power of Attorney
  ☐ Advance Directive (Living Will)
  ☐ Trust Agreement
  ☐ Deed to Home or Other Property

Designation of Agents

HEALTH CARE AGENT: Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself?

HEALTH CARE AGENT: _____

ALTERNATE: _____

POWER OF ATTORNEY: Who should be named to make financial decisions on your behalf including if you were unable to make these decisions yourself?

HEALTH CARE AGENT: _____

ALTERNATE: _____

PERSONAL REPRESENTATIVE. The will should name a personal representative to probate your estate. (Personal representative is also sometimes referred to as executor or administrator.) (Example: spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternate.)

	Name:	Address:
PERSONAL REPRESENTATIVE:		
ALTERNATE:		
SECOND ALTERNATE:		

PLAN FOR DISTRIBUTION OF YOUR ESTATE

1. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a house of worship or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child?

   _____

   _____

   _____

2. Briefly describe where you would want assets remaining after any specific gifts are distributed.

   ☐ All to spouse; then equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.
   ☐ All to spouse, then equally between surviving children
   ☐ All to spouse, then _____

   _____

   ☐ As follows: _____

   _____

3. **CONTINGENT DISTRIBUTION.** You might want to provide for the distribution of your property if neither you, your spouse nor your children/other beneficiaries named above survive.

   _____

   _____

CHILDREN OR OTHER BENEFICIARIES

Full Legal Name	Address (write "same" if same as yours)	Date of Birth	Relationship

Do any of your children or other beneficiaries have disabilities? ☐ Yes ☐ No

Name(s), if any: _____

NOTES / CONCERNS / QUESTIONS

Use the space below to list specific concerns or questions you have about Medicaid asset protection:

_____

_____

_____

For optimal service, please return this completed worksheet along with copies of current estate plan documents, financial statements and other asset documents prior to your initial consultation.

If you have questions, please call 405-603-5080 or email **Ryan@BethanyLaw.com**.