

FINANCIAL INFORMATION FOR MEDICAID QUALIFICATION

The requested information is necessary for us to evaluate and to use in making recommendations regarding Medicaid qualification.

Please make sure that the information is complete and accurate.

It is helpful if we can have this information prior to our office conference so we will have an opportunity to review this information in advance. Please deliver, fax, or mail this information to us when it is completed.

JAMES K. VOELZ

Attorney At Law

427 Washington Street, P.O. Box 544

Columbus, IN 47202-0544

Telephone: (812) 372-1303

FAX: (812) 378-9516

PART I - FAMILY INFORMATION

Name: _____
First Middle Initial Last

Birth Date: ___ / ___ / ___ U.S. Citizen? Yes/No

Social Security Number: _____ - _____ - _____

Spouse's Name: _____
First Middle Initial Last

Birth Date: ___ / ___ / ___ U.S. Citizen? Yes/No

Social Security Number: _____ - _____ - _____

Address: _____

Home Phone #: _____

Date of Marriage: _____

Work Phone #: _____

Who do we communicate with? _____

Address: _____

Phone #: _____

Children

<u>Child's Name</u>	<u>Child of:</u> <u>(Both/Husband/Wife)</u>	<u>Age</u>	<u>Address</u>	<u>Number of Children</u>
_____ First Middle Initial Last	_____ (Both/Husband/Wife)	_____	_____	_____
_____ First Middle Initial Last	_____ (Both/Husband/Wife)	_____	_____	_____
_____ First Middle Initial Last	_____ (Both/Husband/Wife)	_____	_____	_____
_____ First Middle Initial Last	_____ (Both/Husband/Wife)	_____	_____	_____
_____ First Middle Initial Last	_____ (Both/Husband/Wife)	_____	_____	_____
_____ First Middle Initial Last	_____ (Both/Husband/Wife)	_____	_____	_____

PART II - QUESTIONS

1. Describe the physical/mental problems of the potential Medicaid recipient: _____

2. If the potential Medicaid recipient is married, what date did he/she first have a continuous hospitalization and/or nursing home stay lasting thirty (30) days or longer?	
3. Is the potential Medicaid recipient competent to sign legal documents in your opinion?	Yes/No (circle)
4. Does the potential Medicaid recipient have a safety deposit box?	Yes/No (circle)
5. Does the potential Medicaid recipient have a Last Will and Testament or a trust?	Yes/No (circle)
6. Has the potential Medicaid recipient signed a Power of Attorney?	Yes/No (circle)
7. Has the potential Medicaid recipient and/or his/her spouse made any gifts to any person other than his/her spouse within the last three (3) years?	Yes/No (circle)
8. Has the potential Medicaid recipient and/or his/her spouse made any gifts to any person other than his/her spouse from any trust within the last five (5) years?	Yes/No (circle)

9. Provide the following information concerning any gift described in Questions 7 & 8:

<u>Date of Gift</u>	<u>Description of Gift</u>	<u>Estimated Value of Gift</u>	<u>Recipient of Gift</u>
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

PART III - INCOME

Social Security for _____ : \$ _____ /month
Social Security for _____ : \$ _____ /month
Pension Income for _____ : \$ _____ /month
Pension Income for _____ : \$ _____ /month
Other Income for _____ : \$ _____ /month
Other Income for _____ : \$ _____ /month
Other Income for _____ : \$ _____ /month

PART IV - PROPERTY AND OWNERSHIP

**CHECKING, SAVINGS, CERTIFICATES OF DEPOSIT,
MONEY MARKET ACCOUNTS**

<u>Description</u>	<u>Current Amount</u>	<u>Ownership (circle)</u>
_____	\$ _____	H W JOINT _____
_____	\$ _____	H W JOINT _____
_____	\$ _____	H W JOINT _____
_____	\$ _____	H W JOINT _____
_____	\$ _____	H W JOINT _____
_____	\$ _____	H W JOINT _____
Total Amount:		\$ _____

STOCKS, BONDS, MUTUAL FUNDS, INVESTMENT ACCOUNTS

<u>Description</u>	<u>Current Fair Market Value</u>	<u>Ownership (circle)</u>
_____	\$ _____	H W JOINT _____
_____	\$ _____	H W JOINT _____
_____	\$ _____	H W JOINT _____
_____	\$ _____	H W JOINT _____
_____	\$ _____	H W JOINT _____
_____	\$ _____	H W JOINT _____
_____	\$ _____	H W JOINT _____
Total Value:		\$ _____

RETIREMENT PLANS AND ACCOUNTS
(Pension, Profit Sharing, Retirement Annuities,
401K, 403B, H.R. 10, IRA)

<u>Company or Custodian</u>	<u>Type of Plan</u>	<u>Current Value</u>	<u>Beneficiary(ies)</u>	<u>Ownership (circle)</u>
		\$		H W
		\$		H W
		\$		H W
		\$		H W
Total Value:		\$ _____		

REAL ESTATE

<u>Description</u>	<u>Estimated Fair Market Value</u>	<u>Mortgage Pay-Off</u>	<u>Ownership (circle)</u>
	\$	\$	H W JOINT
	\$	\$	H W JOINT
	\$	\$	H W JOINT
	\$	\$	H W JOINT
Total Value:		\$ _____	\$ _____

BUSINESS INTERESTS

Include all interests in any sole proprietorship, partnership, limited liability company, and closely held corporation stock.

<u>Description</u>	<u>Estimated Fair Market Value</u>	<u>Ownership (circle)</u>
	\$	H W JOINT
	\$	H W JOINT
	\$	H W JOINT
	\$	H W JOINT
Total Value:		\$ _____

LIFE INSURANCE

<u>Insurance Company</u>	<u>Insured</u>	<u>Death Proceeds</u>	<u>Current Cash Surrender Value</u>	<u>Owner</u>	<u>Beneficiary(ies)</u>
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Total Cash Surrender Value: \$ _____

ANNUITIES

<u>Annuity Company</u>	<u>Current Cash Surrender Value, or Payment Amount If Annuitized</u>	<u>Owner</u>	<u>Beneficiary(ies)</u>
	\$		
	\$		
	\$		
	\$		

Total Value: \$ _____

DEBTS OWED TO YOU

<u>Name of Debtor</u>	<u>Date of Debt</u>	<u>Due Date</u>	<u>Current Balance</u>	<u>Owed To Who?</u>
			\$	
			\$	
			\$	
			Total: \$	_____

OTHER PERSONAL PROPERTY

	<u>Estimated Fair Market Value</u>	<u>Lien Pay-off</u>	<u>Ownership</u>
Furniture and Household Goods:	\$	\$	H W JOINT
Motor Vehicle:	\$	\$	H W JOINT
Motor Vehicle:	\$	\$	H W JOINT
Recreational Vehicle:	\$	\$	H W JOINT
Boat(s):	\$	\$	H W JOINT
Jewelry:	\$	\$	H W JOINT
Collections: (Art, Coins, Stamps, Guns, etc.)	\$	\$	H W JOINT
Other:	\$	\$	H W JOINT
Total:		\$	\$

Who referred you to our office: _____

Date: _____ Prepared by: _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTS TO OUR OFFICE:

1. Last Will and Testament;
2. Power of Attorney;
3. Most recent statements concerning each life insurance policy and each annuity.
4. Life insurance policies and annuity contracts; and
5. Deeds and any lease concerning any real estate.

Please provide this information to our office prior to our initial conference, if possible.

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