

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.

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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 a veteran? Yes/No (circle)

4. Is the potential Medicaid recipient competent to sign legal documents in your opinion? Yes/No (circle)

5. Does the potential Medicaid recipient have a safety deposit box? Yes/No (circle)

6. Does the potential Medicaid recipient have a Last Will and Testament or a trust? Yes/No (circle)

7. Has the potential Medicaid recipient signed a Power of Attorney? 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 within the last three (3) years? Yes/No (circle)

9. 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)

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

<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 (circle)</u>	<u>Type of Plan</u>	<u>Current Value</u>	<u>Beneficiary(ies)</u>	<u>Ownership</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 Whom?</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:	\$ <u>_____</u>	\$ <u>_____</u>	

ALL OTHER PROPERTY NOT PREVIOUSLY DESCRIBED

<u>Description</u>	<u>Estimated Fair Market Value</u>	<u>Lien Pay-off</u>	<u>Ownership</u>
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
_____	\$ _____	\$ _____	H W JOINT
Total:	\$ <u>_____</u>	\$ <u>_____</u>	

DEBTS

<u>Creditor</u>	<u>Pay-off Balance</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total: \$ <u> </u>

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.
6. Copies of most recent income tax returns.

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

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