

MEDICAID PLANNING QUESTIONAIRE

Date: \_\_\_\_\_

I. Name of Medicaid Applicant: \_\_\_\_\_

A. Social Security #: \_\_\_\_\_

B. Date of Birth: \_\_\_\_\_

C. Age: \_\_\_\_\_

D. Telephone Number: \_\_\_\_\_

E. Home Address: \_\_\_\_\_

F. If not at home, give name and address of residency: \_\_\_\_\_

\_\_\_\_\_

G. Medical condition/illnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

H. Can applicant do the following activities only with assistance or is applicant suffering from handicaps listed below:

- |                         |     |    |
|-------------------------|-----|----|
| 1. Walk or stand:       | Yes | No |
| 2. Feed himself:        | Yes | No |
| 3. Clothe himself:      | Yes | No |
| 4. Bathe himself:       | Yes | No |
| 5. Do toiletry:         | Yes | No |
| 6. Incontinency:        | Yes | No |
| 7. Partially paralyzed: | Yes | No |

If so, detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Dementia (Memory loss, rational conversation): Yes No

If so, detail extent: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I. Citizen: Yes No

A. Is the applicant a veteran? \_\_\_\_\_

**II. Spouse's name:** \_\_\_\_\_

A. Date of Birth: \_\_\_\_\_

B. Age: \_\_\_\_\_

C. Social Security #: \_\_\_\_\_

D. Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

D. Is this a first marriage? Yes No

If not a first marriage, is there a pre or post nuptial agreement? Yes No

*If yes, bring copy.*

E. Capability/handicap of spouse: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Citizen: Yes No

**III. Children**

A. Names, addresses and telephone numbers of each of Applicant's children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Names, addresses and telephone numbers of each of spouse's children (if same as Applicant's just mark "same"):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Name of child or grandchild who has a disability, handicap, or who is a spendthrift, estranged or has other problem (specify problem, handicap and if child or grandchild receives Supplemental Security Income or Social Security Disability Income from the Social Security Administration):

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D. Are there Wills or Trusts for Applicant and Spouse? Yes No (*if so, bring copies*).

E. Are there powers of attorney for Applicant and Spouse? Yes No (*if so, bring copies*).

F. Are there living wills and health care surrogate (proxy) designations? Yes No (*if so, bring copies*).

**IV. Income** (all income reported should be gross, i.e. before any deductions or withholdings are made). **Bring in copies of last 3 months statements.**

A. Applicant's:

Social Security monthly benefit \$ \_\_\_\_\_  
Monthly pension (from whom?) \$ \_\_\_\_\_  
Monthly pension (from whom?) \$ \_\_\_\_\_  
Retirement Account (from whom?) \$ \_\_\_\_\_  
Detail other income except for interest and dividends: \$ \_\_\_\_\_

B. Spouse:

Social Security per month \$ \_\_\_\_\_  
Pension per month \$ \_\_\_\_\_  
Pension per month \$ \_\_\_\_\_  
Retirement Account (from whom?) \$ \_\_\_\_\_  
Other income (don't list interest or dividends) per month \$ \_\_\_\_\_

**V. Assets**

A. Bank Accounts (CDs, checking, savings, money market, etc.): **Bring in copies of last 3 months statements.**

**Bring in printed list of:**

1. Name of bank.
2. Account number.
3. Type of account.

- 4. Maturity date, if CD.
- 5. Name(s) on account (exactly how account title reads).
- 6. Value.
- 7. Expected yearly interest.

B. Securities (stocks, bonds, mutual funds, limited partnerships, etc.): **Bring in copies of last 3 months statements.**

Bring in printed list of:

- 1. Name of security.
- 2. Amount of shares.
- 3. Value of each.
- 4. Name(s) on each (exactly how title reads)
- 5. Name of broker holding same.
- 6. Expected dividends.

C. Life insurance of Medicaid applicant. **Bring in copy of policy.** (If more than one policy, bring in printed information for each policy).

- 1. Company: \_\_\_\_\_
- 2. Owner's name: \_\_\_\_\_
- 3. Insured person: \_\_\_\_\_
- 4. Whole or Term Policy: \_\_\_\_\_
- 5. Face Value: \_\_\_\_\_
- 5. Cash-in value: \_\_\_\_\_

D. Real estate. **Bring in copies of all deeds, title insurance policies, real property tax statements, or other records of real estate ownership.**

Also list:

- 1. Estimated value of each property.
- 2. Rented? If so, what is rent?
- 3. Mortgages? If so, what are principal balances?
- 4. Which is Applicant's homestead?

E. Indebtedness owed to Applicant or Spouse. Bring in copies of notes, mortgages and other records showing name of debtor, balance due and payments to be made.

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F. Indebtedness Applicant or spouse owes. Bring in copies of notes, mortgages and other records showing name of creditor, balance due and payments to be made.

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G. Cars (List manufacturer and model year of cars)

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H. Any special antiques or collectibles?

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VI. Gifts

Has applicant or spouse made any gifts or transfers to any person in last 3 years? Yes No

Has any joint account holder taken funds from joint account in last 3 years? Yes No

If so, bring in separate list detailing month and year of transaction, value of transaction, purpose for transaction, and to whom made or by whom made.

VII. Household expenses.

List all monthly household expenses for homestead only. Include rents, homeowner's or condominium association fees and maintenance, taxes, homeowner's insurance and utility bills.

Describe Expense	Amount
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
<hr/>	\$ <hr/>
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