

MEDICAID PLANNING FORM

Date: _____

1. GENERAL INFORMATION

Medicaid Applicant:

Medicaid Applicant's Full Name: _____

Home Address (or nursing home): Street _____

City: _____ State: _____ Zip: _____

Applicant Date of Birth: _____ Applicant Soc. Sec. #: _____

If in nursing home, name & date admitted : _____

Phone with area code: _____

Spouse:

Is Spouse Deceased? Yes No *If yes, date of death:* _____

If no: Spouse Full Name: _____

Street: Address: _____ City: _____ State: _____ Zip: _____

Spouse Date of Birth: _____ Spouse Social Security #: _____

Home Phone with area code: _____

E-Mail: _____ Fax: _____

Children (if applicable) Provide full names, addresses, phones with area code:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

2. ASSET INFORMATION

Home: Do you own your own home? Yes No

If yes, type of ownership: Applicant Spouse Applicant & Spouse Jointly Other

Address: _____ Approx. Value: \$ _____

Bank Accounts: List all types of bank accounts held during the last 36 months:

1. Bank _____ Account # _____

Type of Ownership: Applicant Spouse Applicant & Spouse Jointly Other

Approx. Balance \$ _____ If Closed, date closed _____

Page 2 of 3

2. Bank _____ Account # _____

Type of Ownership: Applicant Spouse Applicant & Spouse Jointly Other

Approx. Balance \$ _____ If Closed, date closed _____

3. Bank _____ Account # _____

Type of Ownership: Applicant Spouse Applicant & Spouse Jointly Other

Approx. Balance \$ _____ If Closed, date closed _____

4. Bank _____ Account # _____

Type of Ownership: Applicant Spouse Applicant & Spouse Jointly Other

Approx. Balance \$ _____ If Closed, date closed _____

Life Insurance:

1. Company _____ Policy # _____ Owner: _____
Face Value: \$ _____ Cash Surrender Value: \$ _____

2. Company _____ Policy # _____ Owner: _____
Face Value: \$ _____ Cash Surrender Value: \$ _____

3. Company _____ Policy # _____ Owner: _____
Face Value: \$ _____ Cash Surrender Value: \$ _____

Any Other Assets Not Mentioned

Above? _____

Transfers: Have you transferred any property within the last 36 months? Yes No *If yes:*

1. Type of Property: _____
To whom transferred _____ Approx Value: \$ _____

2. Type of Property: _____
To whom transferred _____ Approx Value: \$ _____

3. Type of Property: _____
To whom transferred _____ Approx Value: \$ _____

Monthly Income: Applicant Spouse

Social Security/Month \$ _____ \$ _____

Pension/Month \$ _____ \$ _____

Veteran Benefits/Month \$ _____ \$ _____

Other Income/Month \$ _____ \$ _____

Veteran Status:

Is applicant a veteran? Yes No

Is spouse a veteran? Yes No