

Medicaid Planning Survey



FLAMMIA
ELDER LAW FIRM
MEDICAID PLANNING | TRUSTS | WILLS | PROBATE

Date: _____

SECTION 1: GENERAL INFORMATION

Name of Proposed Applicant: _____

Address of Nursing Home: _____ County: _____

If in Nursing Home, Date of Admission: _____ Date of Birth: _____ Soc. Sec. #: _____

Spouse's Name: _____ Date of Marriage: _____

Spouse Address: _____ County: _____

Spouse Date of Birth: _____ Spouse Soc. Sec. #: _____ If Deceased, Date of Death: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ It is okay to communicate with me via E-mail.

Children:

Child's Name (Last, First, MI)	Address (Street, City, State and Zip)	Phone Number (including area code)	Date of Birth/Age

Do any of applicant's children have special needs? Yes No | On SSI? Yes No | On Medicaid? Yes No | If yes, which child? _____

SECTION 2: ASSETS AND FORM OF OWNERSHIP

REAL ESTATE

Home: Does applicant own his/her own home? Yes No If YES, please answer the following:

Street Address: _____ City: _____ State: _____ Zip: _____
Approx. Value: \$ _____

Type of Ownership: Applicant Applicant and Spouse Applicant and Other Who? _____

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Medicaid Planning Survey

Other Real Property Owned:

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

Approx. Value: \$ _____

Type of Ownership: Applicant Applicant and Spouse Applicant and Other Who? _____

IRA's, RETIREMENT ASSETS, 401K's, RETIREMENT PLANS

Acct #	Name of Bank or Brokerage	Account #	Owned By	Approx. \$ Value
Acct #1			†Applicant † Spouse	\$
Acct #2			†Applicant † Spouse	\$
Acct #3			†Applicant † Spouse	\$
Acct #4			Applicant † Spouse	\$

NON RETIREMENT ASSETS (All Current Accounts and Accounts Closed Within 5 Years)

Acct#	Bank Name	Account #	Acct. Type	Ownership	Approx. Value	If closed, date closed
Acct#1			†Checking †Savings †CD	†Applicant Only †Applicant & Spouse †Applicant & Other Who?	\$	
Acct#2			†Checking †Savings †CD	†Applicant Only †Applicant & Spouse †Applicant & Other Who?	\$	
Acct#3			†Checking †Savings †CD	†Applicant Only †Applicant & Spouse †Applicant & Other Who?	\$	
Acct#4			†Checking †Savings †CD	†Applicant Only †Applicant & Spouse Applicant & Other Who?	\$	
Acct#5			†Checking †Savings †CD	†Applicant Only †Applicant & Spouse †Applicant & Other Who?	\$	
Acct#6			†Checking †Savings †CD	†Applicant Only Applicant & Spouse †Applicant & Other Who?	\$	
Acct#7			†Checking †Savings †CD	†Applicant Only †Applicant & Spouse †Applicant & Other Who?	\$	

Medicaid Planning Survey

·ANNUITIES

	Company & Policy#	Approx. \$ Value	Owner	Annuitant's Name
Annuity #1		\$	†Applicant Only †Applicant & Spouse	
Annuity #2		\$	†Applicant Only †Applicant & Spouse	
Annuity #3		\$	†Applicant Only †Applicant & Spouse	

·LIFE INSURANCE

	Company	Policy #	Owner	Beneficiary	Face Value	Cash Surrender Value
Policy #1			Applicant Spouse		\$	\$
Policy #2			Applicant Spouse		\$	\$
Policy #3			Applicant Spouse		\$	\$

·BROKERAGE ACCOUNTS (those held past 60 months with a broker. Exclude IRA/Retirement-type)

	Broker Name	Acct. #	Ownership	Approx. Value	If closed, date closed
Acct#1			†Applicant Only †Applicant & Spouse †Applicant & Other Who?	\$	
Acct#2			†Applicant Only Applicant & Spouse †Applicant & Other Who?	\$	
Acct#3			†Applicant Only †Applicant & Spouse †Applicant & Other Who?	\$	
Acct#4			†Applicant Only †Applicant & Spouse †Applicant & Other Who?	\$	
Acct#5			†Applicant Only †Applicant & Spouse †Applicant & Other Who?	\$	
Acct#6			†Applicant Only †Applicant & Spouse †Applicant & Other Who?	\$	

Medicaid Planning Survey

·OTHER ACCOUNTS

	Type of Account	Ownership	Approx. Value	If closed, date closed
Acct#1		†Applicant Only †Applicant & Spouse †Applicant & Other Who?	\$	
Acct#2		†Applicant & Spouse †Applicant & Other Who?	\$	
Acct#3		†Applicant & Spouse †Applicant & Other Who?	\$	
Acct#4		†Applicant & Spouse †Applicant & Other Who?	\$	
Acct#5		†Applicant & Spouse †Applicant & Other Who?	\$	
Acct#6		†Applicant & Spouse †Applicant & Other Who?	\$	
Acct#7		†Applicant & Spouse †Applicant & Other Who?	\$	

·ANY OTHER ASSETS NOT LISTED ABOVE: Please provide type, ownership, value

Section 3: TRANSFERS

Have you given away or sold real property or other assets within the past 5 years? Yes No *If Yes:*

	Type of Property/Asset	\$ Value	Type of Transfer	Date of Transfer
Transfer #1		\$	†Gift †Sale	
Transfer #2		\$	†Gift †Sale	
Transfer #3		\$	†Gift †Sale	
Transfer #4		\$	†Gift †Sale	

Section 4: INCOME (provide MONTHLY gross amounts)

	Social Sec./Benefit	Pension/Month	Veterans Benefits/Month	Other Income/Month
Applicant	\$	\$	\$	\$
Spouse	\$	\$	\$	\$

Medicaid Planning Survey

Section 5: ADDITIONAL QUESTIONS

Please answer these questions about the **APPLICANT**:

Has prepaid funeral? Yes No

If YES, funeral director: _____

Has burial plot? Yes No

Owens an automobile? Yes No

Has safe deposit box? Yes No

Has Power of Attorney? Yes No

If YES, who is agent? _____

Has Health Care Proxy? Yes No

Has Living Will? Yes No

Has Trust? Yes No

Has Medicare? Yes No

If Yes: ID# _____ Part A Part B

Has private health insurance? Yes No

If Yes: Company _____

ID# _____ Monthly Premium \$ _____

Is **applicant** a veteran? Yes No

Is **spouse** a veteran? Yes No

Has **applicant** filed for VA Aid and Attendance? Yes No

Is **applicant** expecting an inheritance? Yes No

Is **spouse** expecting an inheritance? Yes No

Does **applicant** have any unreimbursed medical expenses? Yes No

Section 6: USE THIS AREA FOR ADDITIONAL INFORMATION, COMMENTS, QUESTIONS

Medicaid Planning Survey

DOCUMENTS REQUIRED TO DETERMINE MEDICAID ELIGIBILITY

**** If the applicant is married, all of the documents are needed for BOTH spouses!****

- A) Drivers License or State ID card, Social Security card, Medicare card, and Supplemental or Medicare HMO card.
- B) Supplemental Health Insurance Premium Statement: If there is a community spouse the premium statements must reflect how much is being paid by the applicant and how much is being paid by the spouse.
- C) Letter from Social Security. This is a letter from Social Security verifying the amount of the applicant's Social Security income. It may be obtained online at www.socialsecurity.gov
- D) Verification of date of birth. Birth certificate is usually the best. If birth certificate is not available, written verification of birth date can be obtained upon request from the Social Security Administration.
- E) If applicant is a veteran, please provide VA discharge papers.
- F) If applicant is married, please provide a copy of marriage certificate.
- G) Proof of citizenship. Required only if applicant was born outside the U.S.
- H) Verification of Pension Income. All pension income must be verified from the source. Check stubs are sufficient when they reflect the gross income received. You must provide a letter directly from the pension provider verifying gross, net, and any anticipated changes in the pension (such as whether the pension is fixed or if payment may vary).
- I) Verification of gross monthly income from any other source. (Letter from source required as in "F" above.)
- J) All insurance policies and insurance cards (copies). Life accident, health. If there is a life insurance policy, we have to obtain information as to whether there is cash surrender value, and if so, the amount.
- K) Copies of guardianship or power of attorney papers.
- L) Copy of last will.
- M) Copy of trust.
- N) Income tax returns. Needed for the last five years
- O) Car registration or title, and automobile insurance policy or proof of insurance card.
- P) Copy of deed for any property owned, including homestead and most recent property tax bill
- Q) We will need copies of sold or transferred property from the past *five (5) years*. Provide copies of all transactional papers, including an appraisal letter from realtor, and the property tax bill which reflects the property's value at the time of the sale. Also provide photocopy of the most recent property tax bill for all property, including homestead.

Medicaid Planning Survey

- R) Burial arrangements. Copies of any purchase or agreements or any prepaid funeral contracts and/or cemetery or mausoleum plots, etc. All contracts must be irrevocable.
- S) Verification of all active savings accounts, checking accounts, CD's, stocks, bonds, IRA's, annuities, etc. Statements are needed for the past 60 months. (Statements are needed for all accounts that have been opened or closed within the last 60 months.) **Also needed are copies of all written checks in the amount of \$3,000.00 or more for the past 60 months. If you get a printout from the bank, the printout must be bank stamped, signed and dated. If no bank stamp, please get card from bank personnel attached to printout.
- T) Copy of income trust, if applicable.
- U) Copy of personal services contract, if applicable.
- V) Copy of any Long-Term Care policy.