Medicaid Planning Questionnaire

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Submitting this form to our firm does not automatically result in the creation of an attorney-client relationship. Mark "n/a" (not applicable) to any question which does not apply and mark a question mark ("?") as to any question that you are unsure of or have inadequate information to answer at the present time. "You" in this form refers to the person for whom Medicaid eligibility is being considered.

1. Personal Information.

Are you currently living: □ Independently □ Assisted Living □ Adult Foster Care □ Nursing Home □ Retirement Living Community

Name of Facility: ________________________

A. Your Name:____
(First) (Middle) (Last)

□ Male □ Female

B. Current Address: ____
(*e.g.*, if nursing home) (Street) (City/State) (Zip Code)

C. Home Address: ____
(if different) (Street) (City/State) (Zip Code)

Your Home Telephone Number: (_______)________-______________

D. Date of your most recent admission to medical facility, nursing home, or hospital:

_______ day of _________________, 20___

Describe your health condition, impairments, problems, etc.:

____

____

E. Number of months making private payments to continuous care in facility, if any:

_________ months

F. Your Date of birth: _____ day of _________________, 19___

G. Your Marital Status: □ Married □ Single □ Divorced □ Widow/Widower

H. Your Residence: □ South Dakota □ Another State: _________________

How long have you lived in South Dakota? ___________________________

Have you ever applied for or received Medicaid assistance from South Dakota before? □ Yes □ No

If so, in _______________ County, South Dakota.

Have you ever applied for or received Medicaid assistance from another State before? □ Yes □ No

If so, in the State of ___________________.

I. Your Social Security Number: ________-_____-________

J. Your Medicare Number: _________________________

Do you have Medicare Part A? □ Yes □ No

Do you have Medicare Part B? □ Yes □ No

K. Your Civil Service Annuity Number: _______________________

L. Your Railroad Retirement Number: _________________________

M. Are you a veteran of the U.S. armed services? □ Yes □ No

Your Veterans Benefit Number: ____________________________

2. **Spouse**. (complete this section *if* married, divorced or widowed)

If your spouse is *deceased*, date of death: ___________________________

If *divorced*, date of divorce: _________________________________

A. Spouse's Name: ____
(First) (Middle) (Last)

B. Spouse's Address: (if different)

____
(Street) (City/State) (Zip Code)

Spouse's Telephone Number: (_______)________-______________

C. Spouse's Date of Birth: _____ day of _________________, 19___

D. Spouse's Social Security Number: ________-_____-_______

E. Spouse's Medicare Number: _________________________

F. Spouse's Civil Service Annuity Number: _______________________

G. Spouse's Railroad Retirement Number: _________________________

H. Is/was your spouse a veteran of the U.S. armed services? □ Yes □ No

Spouse's Veterans Benefit Number: ____________________________

3. Family Information.

Child's Name	√ if Under 21	√ if Predeceased	√ If Blind/ Disabled	√ if Dependent
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

As to any of your children with disabilities, please describe:

The nature of his/her disability: ____

His/her social security number: _________-_____-_________

Does the child receive Medicaid or SSI benefits? _____________________________

A. Have any of your children – or anyone else - assisted with your care needs?
□ Yes □ No

If so, explain: ____

B. Have any of your children resided in your home in the last 5 years? □ Yes □ No

Have any of your siblings resided in your home in the last 5 years? □ Yes □ No

C. List the following information *if* you have a dependent child:

Dependent's Gross Income: $______________ Frequency: ______________

Source of Dependent Child's Income: ________________________________

D. If you have no living children, list other closest relatives: _______________

____

4. Living Arrangements.

A. Do you (or your spouse) have any shelter costs such as house payments, rent payments, utilities, insurance, real property taxes, etc.? □ Yes □ No

Expense	Amount	Other
Mortgage	$	Balance due: $
or Rent	$	How often?
Taxes	$	How often?
Insurance	$	How often?
Utilities and Home Costs: Propane/Natural Gas: Electricity: Cable/Internet: Phone: Housekeeping: Mowing: Snow Removal:	 $ / month $ / month $ / month $ / month $ / month $ / month $ / month	*leave this blank*

Garbage: Homeowner's Ass'n: Other: _______________	\$ / month \$ / month \$ / month	

B. Does anyone pay for your food or shelter? □ Yes □ No

If so, who, how much, and for what? ____

C. List other recurring expenses:

Nursing Home or Assisted Living Center:	\$	/ month
Unreimbursed Medications:	\$	/ month
Other Unreimbursed Medical Expenses:	\$	/ month
Private Health Services:	\$	/ month
Auto Operation (gas, maintenance, etc.):	\$	/ month
Clothing:	\$	/ month
Groceries:	\$	/ month
Hair Cuts, Personal Grooming:	\$	/ month
Laundry:	\$	/ month
Recreation, Entertainment, etc.:	\$	/ month
Life Insurance:	\$	/ month
Health Insurance:	\$	/ month
Charity:	\$	/ month
Other: _________________________	\$	/ month

D. Do you have a care agreement with any professional caretaking company, healthcare provider, individual or family member? □ Yes □ No

If yes, briefly explain: ____

5. Medical.

A. Who is your primary physician? ____

What is his/her address? ____
(Street) (City/State) (Zip Code)

B. Have you visited your doctor in the last three months? □ Yes □ No

If so, when? _______________, 20__ Where? ________________________________

Have you been hospitalized in the last three months? □ Yes □ No

If so, when? ____________________

C. Are you requesting retroactive Medicaid assistance for any of the last three months?
□ Yes □ No

If so, for which months? ____________________

6. Representatives.

A. Is someone completing this form on behalf of someone else? □ Yes □ No

If so, please provide his or her:

Name: ____
(First) (Middle) (Last)

Address: ____
(Street) (City/State) (Zip Code)

Telephone Number: (_______)________-______________

Relationship: ______________________

B. Is there a friend or relative who may be contacted for information? □ Yes □ No

If so, please provide his or her:

Name: ____
(First) (Middle) (Last)

Address: ____
(Street) (City/State) (Zip Code)

Telephone Number: (_______)________-______________

Relationship: ______________________

7. Guardian/POAs.

A. Do you have a guardian or conservator? □ Yes □ No If so, please provide his/her:

Name: ____
(First) (Middle) (Last)

Address: ____
(Street) (City/State) (Zip Code)

Telephone Number: (_______)________-______________

Date of Appointment: ______________________

B. Do you have a power of attorney? □ Yes □ No If so, please provide agent's:

Name: ____
(First) (Middle) (Last)

Address: ____
(Street) (City/State) (Zip Code)

Telephone Number: (_______)________-______________

Date of Power of Attorney Document: ______________________

8. Assets.

Description	Owner(s)	Current Balance or Value	Account #, etc.
A. Cash (on hand, at home, or held by another)	□ Husband □ Wife □ Joint (both spouses) Other: __________	$	Location: ________________
B. Nursing Home Account	□ Husband □ Wife	$	*leave blank*
C. Checking or Money Market Accounts Does checking account pay interest? □ Yes □ No	______________ ______________ ______________	$ $ $ How much interest? _______%	Acct. #__________ Bank: __________ Acct. #__________ Bank: __________ Acct. #__________ Bank: __________

D. <u>Savings Accounts</u>	□ Husband □ Wife □ Joint (both spouses) Other: ___________	$	Acct. #___________ Bank: ___________
E. <u>CDs</u>	_________________ _________________ _________________	$ $ $	Cert. #___________ Bank: ___________ Cert. #___________ Bank: ___________ Cert. #___________ Bank: ___________ Interest paid: Monthly or Other: ___________
F. <u>U.S. Bonds</u>	□ Husband □ Wife □ Joint (both spouses) Other: ___________	$	Series #__________ Purchase date(s): _________________
G. <u>IRAs</u>	□ Husband □ Wife □ Husband □ Wife	$ $	Institution (& address): _________________
H. <u>Annuities</u>	□ Husband □ Wife □ Husband □ Wife	$ $	Institution (& address): _________________ Date of Purchase: _________________
I. <u>Trusts</u> (if a beneficiary)	□ Husband Beneficiary □ Wife Beneficiary	$	Name of Trustee: _________________
J. <u>Other Bonds</u> (e.g., state/municipal)	□ Husband □ Wife □ Joint (both spouses) Other: ___________	$	Institution (& address): _________________

K. Stocks and Mutual Funds	□ Husband □ Wife □ Joint (both spouses) Other: ___________	$	Institution (& address): ___________________
L. Safety Deposit Box	□ Husband □ Wife □ Joint (both spouses) Other: ___________	$	Location (& address): ___________________ Contents: ___________________ ___________________
M. Home	□ Husband □ Wife □ Joint (both spouses) Other: ___________	$ (assessed value) Are there two or more contiguous lots? _____________ List any necessary repairs, etc.: ___________________	Location (& County): ___________________ Who lives there? ___________________ *Less* amount owed: $
N. Other Real Property *(including time shares)* Is the property rented? □ Yes □ No	□ Husband □ Wife □ Joint (both spouses) □ Entity (e.g., LLC) □ Other: __________	$	Location (& County): ___________________
O. Buildings or Mineral/Timber Rights	□ Husband □ Wife □ Joint (both spouses) Other: ___________	$	Location (& County): ___________________ Describe: ___________________

P. <u>Life Estate</u>	□ Husband □ Wife □ Joint (both spouses) Other: ___________	$	Location (& County): ___________________ Legals: ___________________
Q. <u>Indian Trust Land</u> Tribe: ___________________ Enrollment #: ___________________	□ Husband □ Wife	Lease Income: $ / year	Location (& County): ___________________ IIM Acct. #: ___________________
R. <u>Business/ranch equipment, machinery, tools, inventory or closely-held company interests</u> <u>Livestock</u> <u>Antiques, stamps, gold, coins, works of art, collections, etc.</u>	□ Husband □ Wife □ Joint (both spouses) Other: ___________ □ Husband □ Wife □ Joint (both spouses) Other: ___________ □ Husband □ Wife □ Joint (both spouses) Other: ___________	$ $ $	Describe: ___________________ ___________________ Brand: _________
S. <u>Contract for Deed</u>	□ Husband □ Wife □ Joint (both spouses) Other: ___________	Balance Still Due: $ Payments:	Location of Property Sold (& County): ___________________

		$ / Interest Rate: ___%	Buyer(s): ________________
T. Vehicles, boats, trailers, etc.	□ Husband □ Wife □ Joint (both spouses) Other: __________ □ Husband □ Wife □ Joint (both spouses) Other: __________	Value: $ Use of vehicle: ________________ Value: $ Use of vehicle: ________________	Year/Make/Model: **(1)**_____________ *Less* amount owed: $ Year/Make/Model: **(2)**_____________ *Less* amount owed: $
U. Life Insurance	Insured: □ Husband □ Wife Beneficiary: ______________ ______________ Insured: □ Husband □ Wife Beneficiary: ______________ ______________	Face Value: $ Cash Value: $ *Less* loan against: $ Face Value: $ Cash Value: $ *Less* loan against: $	**(1)** Policy #______ Company: ________________ **(2)** Policy #______ Company: ________________
V. Funeral Plan or Burial Insurance	□ Husband □ Wife	Face Value: $	Where? **(1)** _____________ *Check one*: No interest Interest pays to me Interest stays in account

	□ Husband □ Wife	Face Value: $	Where? **(2)** ____________ *Check one*: No interest Interest pays to me Interest stays in account
W. Cemetery Lots	□ Husband □ Wife □ Joint (both spouses)	*leave blank*	Location: ________________
X. Household and Personal Property	□ Husband □ Wife □ Joint (both spouses)	$	Describe: ________________
Y. Promissory Notes or Loans from You	□ Husband □ Wife □ Joint (both spouses)	Balance Due: $ Payments: $ / Interest Rate: ___%	Describe: ________________ Borrower: ________________
Z. Other	□ Husband □ Wife □ Joint (both spouses) □ Other: _________	$	Describe: ________________

9. **Transfers and Gifts**.

1. *In the last **sixty months***, have you, your spouse (or anyone on behalf of you or your spouse):

A. Transferred, given away or loaned anything to anyone? □ Yes □ No

If so, describe: (i) the item: ___________________________________

(ii) date or transaction: ____________________, 20___

(iii) value of item: $___________

(iv) what was received in return: ____________________

B. Established a joint ownership in real property with anyone (other than spouse)?
□ Yes □ No

If so, describe: (i) date of creation of joint ownership: ___________, 20___

(ii) property: ____________________________________

(iii) name of joint owner(s): ________________________

(iv) his/her address(es): ___________________________

C. Had a joint owner taken possession of any part of jointly held assets or money?
□ Yes □ No

If so, describe: (i) date of possession: ___________, 20___

(ii) property: ____________________________________

(iii) name of joint owner(s): ________________________

(iv) his/her address(es): ___________________________

D. Placed anything in a trust (other than your own revocable living trust)?
□ Yes □ No

If so, describe: (i) date: ___________, 20___ trust: ___________________

(ii) property: ________________________ value: $_______

(iii) name of trustee(s): ___________________________

(iv) trustee's address(es): ___________________________

E. Had any payment from a trust become unavailable?
□ Yes □ No

If so, describe: (i) date: ___________, 20___ trust: ___________________

(ii) name of trustee(s): ____________________________

(iii) trustee's address(es): ___________________________

2. Do you or your spouse have any of your income paid into a trust?
□ Yes □ No

If so, describe: (i) date: ___________, 20___ trust: ____________________

(ii) name of trustee(s): ______________________________

(iii) trustee's address(es): ___________________________

(iv) what is paid into trust: ___________________________

10. Insurance.

A. List any health insurance for you or your spouse:

Insurance Co. Name/Address	Policy	Type	Premiums
______________________ ______________________ ______________________ Insured: □ Husband □ Wife	#_________	□ Inpatient (hospital) □ Outpatient □ Dental □ Cancer □ Medicare Supplement □ Workers' Comp. □ Other _______	Paid: $__________ □ Monthly □ Quarterly □ Twice/Year □ Annually If group insurance, list employer's name: __________

Insurance Co. Name/Address	Policy	Type	Premiums
______________________ ______________________ Insured: □ Husband □ Wife	#_________	□ Inpatient (hospital) □ Outpatient □ Dental □ Cancer □ Medicare Supplement □ Workers' Comp. □ Other ______	Paid: $__________ □ Monthly □ Quarterly □ Twice/Year □ Annually If group insurance, list employer's name: __________

B. List any long term care (or "nursing home") insurance for you or your spouse:

LTC Insurance Co. Name/Address	Policy	Benefit Information	Premiums
______________________ ______________________ ______________________ Insured: □ Husband □ Wife	#_________	$________/day Length:_________ Date policy benefits start(ed): ________	Paid: $__________ Monthly Quarterly Twice/Year Annually

11. Income.

Type	How Frequently Received/Paid	√ if Direct Deposit	You	Spouse
A. Social Security	Monthly or other: __________		$	$
B. SSI	Monthly or other: __________		$	$
C. VA Benefits	Monthly or other: __________		$	$
D. VA Comp.	Monthly or other: __________		$	$
E. Railroad Ret.	Monthly or other: __________		$	$
F. Civil Service	Monthly or other: __________		$	$
G. Pension Name/address/Acct. no. of Pension: _______________ _______________	Monthly or other: __________		$	$
H. Annuities	Monthly or other: __________		$	$

I. Trusts	Monthly or other: __________		$	$
J. Insurance Pymts.	Monthly or other: __________		$	$
K. IRA (or KEOGH)	Monthly or other: __________		$	$
L. Interest and Dividends	Monthly or other: __________		$	$
M. Lease Income	Monthly or other: __________		$	$
N. Rental Income	Monthly or other: __________		$	$
O. BIA Payments	Monthly or other: __________		$	$
P. Other Assistance	Monthly or other: __________		$	$
Q. Tribal Income	Monthly or other: __________		$	$
R. Contract for Deed Payments	Monthly or other: __________		$	$
S. Gifts or Contributions from Others	Monthly or other: __________		$	$
T. Gross Earnings	Monthly or other: __________		$	$
U. Child Support	Monthly or other: __________		$	$
V. Alimony	Monthly or other: __________		$	$
W. Mineral/Timber	Monthly or other: __________		$	$
X. Life Estate Income	Monthly or other: __________		$	$

Y. Payments on Note or from Loan	Monthly or other: __________		$	$
Z. Other Income or Support	Monthly or other: __________		$	$

12. **Other**.

A. Are you or your spouse non-citizens of the United States?
□ Yes □ No

If no, describe status (permanent resident, etc.): ______________________

B. Describe any secured or unsecured debt (unless already described above):

____

C. Accountant: ____

D. Financial Advisor: ____

E. Other Legal Advisors: ____

F. Insurance Agent: ____

G. Other Trusted Advisor(s) (e.g., banker, etc.): ___________________________

H. List any anticipated inheritances: _____________________________________

13. **Documentation Checklist:**

Attach:

□ All Bank and Account Statements (for last 2-3 months)
□ Annuity and Life Insurance Contracts or Benefit Summaries
□ Health and Long Term Care Insurance Documentation
□ Tax Returns for last 1-2 years (including attachments such as form 1099s, worksheets, etc.) * If tax returns not filed, list last year for which tax return was filed:___
□ Will(s), Powers of Attorney, Living Wills
□ Letters of Guardian or Conservator
□ Promissory Notes
□ Contracts for Deed
□ Deeds
□ Trusts
□ Leases
□ Care Agreements

□ Verifications of Living Expenses
□ Vehicle, Camper, RV, Snowmobile, Trailer, Motorcycle and Boat Titles
* If any are not titled or licensed, list: ____
□ Pension Information

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14. Certification.

BY RETURNING THIS FORM, THE PREPARER OF THIS FORM ACKNOWLEDGES THAT THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE, TO THE BEST OF HIS OR HER ABILITY AND FURTHER VERIFIES THAT IF ADDITIONAL INFORMATION COMES TO LIGHT AT SOME LATER DATE THAT HE OR SHE WILL INFORM OUR FIRM AS SOON AS POSSIBLE.

PREPARED BY: ____

The appropriate legal advice concerning estate, Medicaid and long term care planning cannot be given without accurate information. Our firm's ability to advise clients depends on the accuracy and completeness of such information. Consequently, questions must be asked to secure all the relevant personal and financial information, and this form is designed to accomplish that goal. Should additional space be required, please attach additional pages. If you have any questions regarding this form, please do not hesitate to call.

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Space for Additional Information or Attach Additional Sheets