LAW OFFICE OF
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Phone: 352.753.4430
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Date: _____

Name of Medicaid Applicant: _____

DOB: _____ SSN:_____

Telephone Number: _____

Home Address: _____

If not at home, give name and address of residency; Date of Facility admission; Date of Medicare coverage expiration

_____

_____

_____

_____

Medical condition/illnesses _____

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

Walk or stand:	Yes _____	No _____
Feed himself:	Yes _____	No _____
Clothe himself:	Yes _____	No _____
Bathe himself:	Yes _____	No _____
Do toiletry:	Yes _____	No _____
Incontinency:	Yes _____	No _____
Partially paralyzed:	Yes _____	No _____

If so, detail: _____

_____

_____

Dementia (Memory loss, rational conversation)

Yes _____ No _____

If so, detail extent: _____

Citizen:

Yes _____ No _____

Spouse's name: _____

Address: _____

Age: _____

Telephone Number: _____

Is this a first marriage?

_____

Yes _____ No _____

If not a first marriage, is there a pre or post nuptial agreement?

Yes _____ No _____

(bring copy)

Capability/handicap of spouse: _____

_____

_____

Citizen: Yes _____ No _____

Children

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

_____

_____

_____

_____

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

_____

_____

_____

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):

_____

_____

Are there Wills or Trusts for Applicant and Spouse?

Yes _____ No _____ (if so, bring copies).

Are there powers of attorney for Applicant and Spouse?

Yes _____ No _____ (if so, bring copies).

Are there living wills and health care surrogate (proxy) designations?

Yes _____ No _____ (if so, bring copies).

Income (Need Gross Amounts)

Applicant's:

Social Security monthly benefit

$_____

Monthly pension (from whom?) $_____

Monthly pension (from whom?) $_____

Monthly pension (from whom?) $_____

Detail other income except for interest and dividends:

_____ $_____

_____ $_____

Spouse:

Social Security per month $_____

Pension per month $_____

Pension per month $_____

Other income (don't list interest $_____

or dividends) per month $_____

Assets

Bank Accounts (CDs, checking, savings, money market, etc.)

Bring in printed list of:

Name of bank.

Account number.

Type of account.

Maturity date, if CD.

Name(s) on account (exactly how account title reads).

Value.

Expected yearly interest.

Burial Plot/Prepaid Burial Contract

Securities (stocks, bonds, mutual funds, limited partnerships, etc.)

Bring in printed list of:

Name of security.

Amount of shares.

Value of each.

Name(s) on each (exactly how title reads)

Name of broker holding same.

Expected dividends.

Life insurance of Medicaid applicant and spouse. Bring in list detailing:

Company.

Owner's name.

Insured person.

Cash-in value.

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

Estimated value of each property.

Rented? If so, what is rent? _____

Mortgages? If so, what are principal balances?

Which is Applicant's homestead?

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

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.

Cars (List manufacturer and model year of cars)

_____

_____

Any special antiques or collectibles?

_____

_____

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 and to whom made or by whom made.

Household expenses. Bring in separate list of monthly household expenses for homestead only. Include rents, homeowner's or condominium association fees and maintenance, taxes, homeowner's insurance and utility bills.

Contact Information of POA