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An Elder and Special Needs Law Practice
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MEDICAID ELIGIBILITY AND PLANNING QUESTIONNAIRE

PERSONAL DATA

Name: _____ DOB: ___/___/___ SSN: ___-___-___

Address: _____ Day phone: _____ Eve. phone: _____

_____ County of residence: _____

Employer: _____ Retirement date: ___/___/___ Veteran: _____

Spouse: _____ DOB: ___/___/___ SSN: ___-___-___

Employer: _____ Retirement date: ___/___/___ Veteran: _____

If currently in health care facility:

Name of facility: _____

Address: _____

Type of facility: _____

Level of care: _____

Date of admission: _____

If you entered this facility from another health care facility, date of your admission to this initial facility: _____

Funding source(s): _____

Your health status: _____

If spouse is currently in health care facility:

Name of facility: _____

Address: _____

Type of facility: _____

Level of care: _____

Date of admission: _____

If spouse entered this facility from another health care facility, date of admission to this initial facility: _____

Funding source(s): _____

Your health status: _____

FAMILY

1. Names of children, with dates of birth, residence, marital status, and general information on special medical, educational, or other extraordinary personal or financial needs:

2. Is anyone (other than your spouse) dependent upon you for support? If so, please identify the person, and provide some general information as to the reason for, and extent of, support provided.

PROPERTY

3. List your own and your spouse's property with estimated fair market values in the broad categories provided. Specify how the property is held; for example, "individually by me," "jointly with _____," "by _____ in trust for _____," etc.:

	Value
• Family residence	
Tax assessed value:	_____
Mortgage balance:	_____
Year of purchase:	_____
Purchase price:	_____
How held:	_____
• General household furniture and furnishings	_____
• Household effects of special value (such as china, silver, art works, antiques, collections, etc.)	_____
• Automobiles	
Year:	_____
Make:	_____
Value:	_____
Loan balance:	_____
Year:	_____
Make:	_____
Value:	_____
Loan balance:	_____

- Other real estate
 - Where? _____
 - Tax assessed value: _____
 - Mortgage balance: _____
 - Year of purchase: _____
 - Purchase price: _____
 - How held: _____

- Bank savings or money market accounts

	<u>Bank</u>	<u>Balance</u>
Acct. No. _____	_____	_____
Acct. No. _____	_____	_____
Acct. No. _____	_____	_____

- Bank checking accounts

Acct. No. _____	_____	_____
Acct. No. _____	_____	_____

- Bank certificates of deposit

Acct. No. _____	_____	_____
Acct. No. _____	_____	_____
Acct. No. _____	_____	_____
Acct. No. _____	_____	_____

- Mutual funds

Acct. No. _____	_____	_____
Acct. No. _____	_____	_____
Acct. No. _____	_____	_____
Acct. No. _____	_____	_____

- Stock and bonds:

 Date of purchase: ____/____/____
 Cost: _____

 Date of purchase: ____/____/____
 Cost: _____

 Date of purchase: ____/____/____
 Cost: _____

 Date of purchase: ____/____/____
 Cost: _____

- IRAs, Keoughs, 401(k) plans, annuities, etc.

- Business interests (such as limited partnership, realty trusts, ownership of closely held corporation, royalty rights, etc.)
Describe:

- Prepaid funeral? _____
- burial account? _____
- burial insurance? _____
- plot? _____
- headstone? _____

- Other assets (other than life insurance):

4. List life insurance on you or your spouse, specifying, for each policy whether it is a whole life or term policy, the owner, beneficiary, on whose life the policy is written, the face amount of the policy, and its cash surrender value (less outstanding loans) if any:

<u>KIND</u> <u>(whole/ term)</u>	<u>OWNER</u>	<u>BENEFIC.</u>	<u>LIFE</u>	<u>FACE AMT.</u>	<u>CASH VAL.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Do either you or your spouse expect to inherit significant property or have a power of appointment under anyone else's will or trust? Yes [], No []. If yes, please explain:

6. List your own and your spouse's debts, if any, other than any mortgage.

To Whom?

Amount Due

7. Are either you or your spouse the beneficiary of any trust? Yes [], No []. If yes, please enclose a photocopy of a signed version, if available, or provide whatever information you can on the terms and conditions of the trust, identity of the current trustee, amount of principal, etc.

8. Is any of the property or income of you or your spouse the subject of a legal proceeding or ownership dispute, under a lien or court order, or is otherwise inaccessible or nonmarketable? Yes [], No []. If yes, please explain briefly:

9. During the last 36 months, have either you or your spouse made any large gifts (\$1,000 or more in value), placed any property into trust, transferred any real estate or other property for less than fair market value, or removed or added names to joint accounts? Yes [], No []. If yes, please list each action and explain when and why the transfer was made:

10. Please provide the following information regarding the monthly income of you and your spouse:

<u>SOURCE</u>	<u>YOU</u>	<u>SPOUSE</u>
Work Earnings	_____	_____
Social Security Retirement	_____	_____
Social Security Disability	_____	_____
Supplemental Security Income	_____	_____
Veterans' Benefits	_____	_____
Private Pension	_____	_____
Annuity	_____	_____
Public Employment Pension	_____	_____
Railroad Retirement	_____	_____
Support from Spouse	_____	_____
Regular Support from Others	_____	_____
Unemployment Compensation	_____	_____
Worker's Compensation	_____	_____
Regular Income from Trust	_____	_____
Rental Income	_____	_____
Interest and Dividends	_____	_____
Other income (_____)	_____	_____

11. (i) Does a child, parent, sibling, or other family member currently live in your home? Yes [], No [].

(ii) If you answered yes to (i), is any portion of your income or the income of your spouse directly or indirectly used to provide all or a portion of their support? Yes [], No [].

(iii) If you answered yes to (ii), describe the circumstances, the reasons for the arrangement, and how it is being handled financially.

Please provide the following information for each person to whom you or your spouse are furnishing support:

<u>Name</u>	<u>Relationship</u>	<u>Date of birth</u>	<u>Amount of monthly support</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Please check in the appropriate box and provide the following information regarding your health insurance:

- _____ Medicare for yourself (Number: _____)
- _____ Medicare for spouse (Number: _____)
- _____ Medicare Supplemental Insurance for self
(Company: _____)
(Number: _____)
- _____ Medicare Supplemental Insurance for spouse
(Company: _____)
(Number: _____)
- _____ Medicaid for yourself (Number: _____)
- _____ Medicaid for your spouse (Number: _____)
- _____ Other health insurance for yourself?
(Company: _____)
(Number: _____)
- _____ Other health insurance for your spouse?
(Company: _____)
(Number: _____)

14. Please summarize the work histories of you and your spouse, particularly with regard to relative length of employment and relative earnings:

15. Did either you or your spouse come to the marriage with significant amounts of property or later individually acquire significant property, other than from work or investment earnings, such as by inheritance? Yes [], No [].
If yes, please explain briefly:

16. Have either you or your spouse, during the last 90 days, had substantial medical expenses, such as nursing home or hospital bills, which have not been paid and are not expected to be paid by Medicare, Medigap insurance, long-term care insurance, or other insurance? Yes [], No []. If yes, please provide details and explain:

17. Have any of your children or brothers or sisters lived with you during the last two years? Yes [], No []. If so, please describe the circumstances of the individual, the reason for the arrangement, and how it was handled financially:

18. To the extent not already noted above, please describe any significant changes that you or your spouse anticipate occurring at any time over the course of the next five years with respect to your (i) personal, marital, or family situation, (ii) employment, or (iii) financial situation as it relates to your level of income, debt, or assets.

19. Please describe any veterans' benefits you or your spouse are now receiving:
