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Medicaid Planning Intake Form

This questionnaire was created to assist in collecting necessary information for developing a plan to safeguard your assets or those of your family member or friend. It is crucial for us to fully grasp the details of your case. Kindly fill it out with as much detail as possible.

If space is insufficient, feel free to attach additional pages or provide any other relevant information you believe is important. Please ensure that information is provided for each spouse unless otherwise specified.

Date: _____ How were you referred to us? _____

YOUR GOALS

What are your goals for meeting with us?

SECTION 1. NAME AND CONTACT INFORMATION

Person Completing Form: _____
(first) (middle) (last)

Home Address: _____
Address City, State, Zip Code

(email) (phone number-main)

Your Relationship to Applicant _____

Applicant's Full Name: _____
(first) (middle) (last)

Applicant's Spouse Full Name: _____
(first) (middle) (last)

Home Address: _____
Address City, State, Zip Code

Applicant's Marital Status: () Married () Single () Divorced () Widowed () Co-habiting

Applicant

Applicant's Spouse

Telephone Numbers: _____
(home) (home)

_____ (cell) (cell)

Email Address: _____

Date of Birth: _____

Former/Maiden Name: _____

US Citizen? [] Yes [] No [] Yes [] No

Social Security Number: _____

Military Service Dates: _____

Date of Death: _____ (If widowed)

Date of Marriage: _____

Prior Marriage: _____

SECTION 2. FACILITY

A. Applicant

Currently in a Facility? [] Yes [] No

If so, date entered: _____

Name of Facility/Provider: _____

Facility Address: _____
Address City, State, Zip Code

Administrator or Contact: _____

_____ (email) (phone number)

B. Applicant's Spouse

Currently in a Facility? [] Yes [] No If so, date entered:

Name of Facility/Provider: _____

Home Address: _____
Address City, State, Zip Code

Administrator or Contact: _____
(email) (phone number)

SECTION 3. CHILDREN

List **ALL** children belonging to each spouse. Copy and attach additional pages, if needed.

Applicant: Total number of children: _____

Does applicant have any stepchildren? If yes, how many? _____

Do all the children and/or stepchildren have a good relationship? [] Yes [] No

If no, please explain: _____

1. _____ (name of child) _____ (spouse's name)

Parent: [] Applicant [] Spouse [] Both

Disabled? [] Yes [] No

_____ (current full address) _____ (phone number-main)

_____ (email address) _____ (phone number-other)

2. _____ (name of child) _____ (spouse's name)

Parent: [] Applicant [] Spouse [] Both

Disabled? [] Yes [] No

_____ (current full address) _____ (phone number-main)

_____ (email address) _____ (phone number-other)

3. _____ (name of child) _____ (spouse's name)

Parent: Applicant Spouse Both
Disabled? Yes No

_____ (current full address) _____ (phone number-main)

_____ (email address) _____ (phone number-other)

4. _____ (name of child) _____ (spouse's name)

Parent: Applicant Spouse Both
Disabled? Yes No

_____ (current full address) _____ (phone number-main)

_____ (email address) _____ (phone number-other)

5. _____ (name of child) _____ (spouse's name)

Parent: Applicant Spouse Both
Disabled? Yes No

_____ (current full address) _____ (phone number-main)

_____ (email address) _____ (phone number-other)

SECTION 4. ESTATE PLANNING AND OTHER DOCUMENTS

Please provide a copy of each document.

	Applicant	Applicant's Spouse
Will:	[] Yes [] No	[] Yes [] No
Revocable Living Trust:	[] Yes [] No	[] Yes [] No
Durable Power of Attorney:	[] Yes [] No	[] Yes [] No
Health Care Surrogate:	[] Yes [] No	[] Yes [] No
Living Will:	[] Yes [] No	[] Yes [] No

SECTION 5. TRANSFERS TO OR FROM TRUSTS

Within the last 60 months, has the applicant or their spouse transferred property into a Trust or out of a Trust (revocable or irrevocable)? If the answer is yes, please provide the following information:

A. Applicant

	<u>Name of Trust</u>	<u>Amount/Value of Transfer</u>	<u>Date of Transfer</u>
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____

SECTION 6. INCOME

A. GROSS MONTHLY INCOME (List **gross** income amounts before deductions)

	Applicant	Applicant's Spouse
1. Social Security:	\$ _____	\$ _____
2. _____ :	\$ _____	\$ _____
3. _____ :	\$ _____	\$ _____
4. _____ :	\$ _____	\$ _____
5. _____ :	\$ _____	\$ _____

SECTION 7. HEALTH INSURANCE

Applicant

Applicant's Spouse

Medicare Number: _____

If the applicant has private health, or is paying for a Medicare supplement policy, please provide the following information for each spouse:

<u>Name of Insurer</u>	<u>Policy No.</u>	<u>Type of Policy</u>	<u>Monthly Prem.</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

SECTION 8. LONG-TERM CARE INSURANCE (For each spouse)

Does the applicant or applicant's spouse have private health, or is paying for a Medicare supplement policy?

<u>Name of Insurer</u>	<u>Policy No.</u>	<u>Type of Policy</u>	<u>Monthly Prem.</u>	<u>If LTC, Daily Benefit</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

How does the policy pay? Check one: Reimbursement () Direct to the facility ()

SECTION 9. ASSETS AND RESOURCES

All accounts jointly or individually owned by each spouse, including those with third-party co-owners.

A. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)

<u>Name of Bank</u>	<u>Account No.</u>	<u>Type of Account</u>	<u>Balance/Value</u>	<u>How Title Held</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

B. RETIREMENT ACCOUNTS (IRAs, Keoghs, etc.) (For both spouses)

Does the applicant or applicant's spouse have retirement accounts?

<u>Name of Institution</u>	<u>Account No.</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Date Est.</u>	<u>Current Value</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

C. ANNUITIES (For both spouses)

Does the applicant or applicant's spouse have annuities?

<u>Name of Institution</u>	<u>Account No.</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Date Est.</u>	<u>Current Value</u>
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

SECTION 10. LIFE INSURANCE (For each spouse)

Does the applicant or applicant's spouse have Life Insurance?

_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

SECTION 11. RESIDENCE

Does the applicant own their primary residence? If yes, please fill out fields A-F.

- A. Address: _____
- B. Names on the deed: _____
- C. Fair Market Value: \$ _____
- D. Mortgage Balance: \$ _____
- E. Is it a Reverse Mortgage? Yes No
- F. Is there lot rent? Yes No If yes, how much? _____

SECTION 12. RESIDENCE – RENTED

Does applicant rent their primary residence? If yes, please fill out fields A-B.

- A. Monthly Rent: \$ _____
- B. Rental/Lease Agreement? Yes No

SECTION 13. MONTHLY COST OF LIVING

- A. **HOUSING (ESTIMATED PER MONTH)**
 - Mortgage/Rent \$ _____
 - Property Taxes \$ _____
 - Property Insurance \$ _____
 - Homeowner's Association Fees \$ _____
 - If home is rented, total rent: \$ _____

SECTION 14. ADDITIONAL REAL PROPERTY #1

Does the applicant have any additional real property? If yes, please specify how many. Feel free to use the back of the page if additional space is needed.)

- A. Address: _____
- B. Names on the deed: _____
- C. Fair Market Value: \$ _____
- D. Mortgage Balance: \$ _____
- E. Currently being rented? [] Yes [] No If rented, monthly rent is: _____

ADDITIONAL REAL PROPERTY #2

List all properties owned jointly or individually by each spouse, including those with third-party co-owners. Feel free to use the back of the page if additional space is needed.)

- A. Address: _____
- B. Names on the deed: _____
- C. Fair Market Value: \$ _____
- D. Mortgage Balance: \$ _____
- E. Currently being rented? [] Yes [] No If rented, monthly rent is: _____

SECTION 15. VEHICLES

How many vehicles does the applicant or the applicant's spouse own, including cars, trucks, motorcycles, recreational vehicles, boats, and campers?

<u>Type of Vehicle</u>	<u>Owner Name(s)</u>	<u>Make and Model</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 16. BURIAL/FUNERAL ARRANGEMENTS

	Applicant	Applicant Spouse
Burial plot:	[] Yes [] No	[] Yes [] No
Irrevocable burial fund contract:	[] Yes [] No	[] Yes [] No

SECTION 17. TRANSFERS OF ASSETS WITHIN THE LAST 60 MONTHS

Within the last 60 months, has the applicant or their spouse transferred any assets or property to another individual? If the answer is yes, please provide details below. Such transfers encompass any form of financial assistance, such as loans, covering someone's bills or living expenses, and giving cash or assets as gifts. If additional space is required, utilize the back of this page.

	<u>Recipient</u>	<u>Amount/Value of Gift</u>	<u>Date of Gift</u>
1.	_____	\$ _____	_____
2.	_____	\$ _____	_____
3.	_____	\$ _____	_____
4.	_____	\$ _____	_____
5.	_____	\$ _____	_____

SECTION 18. CLOSED ACCOUNTS OR SOLD ASSETS WITHIN THE LAST 60 MONTHS

Within the last 60 months, has the applicant or the applicant's spouse closed an account or sold an asset? If the answer is affirmative, kindly provide a description below. If additional space is required, please use the back of this page.

<u>Account or Asset</u>	<u>Account No.</u>	<u>Type of Account</u>	<u>Closing Value</u>	<u>Where Deposited?</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

SECTION 19. OTHER INFORMATION

	<u>Market Value / Date Transferred</u>	<u>Description</u>
Jewels, Furs, Art, etc.:	\$ _____	_____
_____	\$ _____	_____
(other: collectibles, etc.)		
_____	\$ _____	_____
_____	\$ _____	_____

A. BUSINESS INTERESTS (For each spouse)

Does the applicant or the applicant's spouse hold any business interests? If so, please furnish a brief description, including the name, location, percentage of ownership, and the names along with the relationship of any co-owners

B. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

(For each spouse)

Is there a Trust in which the applicant or the applicant's spouse has an interest, or where the individual is the source of the inheritance? If so, kindly provide a concise description below. Additionally, please submit a copy of the document establishing the interest, if available.

C. SAFETY DEPOSIT BOX

Does the applicant or the applicant's spouse have a safe deposit box? If the answer is yes, please provide a description of its contents..

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