

Miller Trust Short Form Questionnaire

(Note: This Questionnaire is limited to Miller Trusts and does not provide us with enough information to evaluate other issues).

Name of Nursing Home Resident: _____

Social Security Number of Nursing Home Resident: _____

Date of Birth of Nursing Home Resident: _____

Is Nursing home resident married?: _____

Nursing Home: _____

County where Nursing Home is located: _____

If different, county where nursing home resident is a resident: _____

What is your Medicaid caseworker's name and phone number: _____

Bank You Use: _____

Do you have a Power of Attorney? _____ (If "yes," please provide us with a copy)

If you do not have a power of attorney, has a guardianship been established? _____
If so, in which county?: _____

Names of Persons holding Power of Attorney:

Names of All Family members who must be notified if Guardianship is necessary (e.g., Spouse, Children, Grandchildren)

What is the nursing home resident's income?:

- a. Social Security: _____
- b. Pension/Retirement: _____
- c. Other sources: _____

If married, what is the source's income?:

- a. Social Security: _____
- b. Pension/Retirement: _____
- c. Other sources: _____

Are there any additional medical expenses, such as a supplemental insurance policy?
(please provide that information)

Who would be the Trustee of the nursing resident's Miller Trust: _____

Who would be the backup Trustee?: _____

What is your telephone number?: _____

What is your address?: _____

Please bring any notices you have received from Medicaid, information regarding all sources of income received by the Nursing Home resident and any other information you want us to review.

By returning this questionnaire and retaining us, you acknowledge that the Elder Law Practice of David L. McGuffey will rely on the information you provide in preparing your loved one's Miller Trust.

Elder Law Practice of David L. McGuffey, LLC: 706/428-0888.