

Questionnaire for Medicaid Application

COMPLETE THIS FORM and Return to: Elder Law Practice of David L. McGuffey at 105 N. Pentz St., Dalton, GA 30720

(The person we are planning for is the Applicant)

APPLICANT'S FULL NAME _____

Date of Birth: _____

Social Security Number: _____

SPOUSE'S FULL NAME _____

Is spouse living or deceased? _____

Date of Birth: _____

Social Security Number: _____

CURRENT MARITAL STATUS: (CIRCLE ONE) SINGLE MARRIED WIDOWED SEPARATED DIVORCED

(list any previous marriages)

1. _____ 3. _____

2. _____ 4. _____

LIST ALL PREVIOUS RESIDENCES

From _____ To _____ Full Address _____ Owned Rented

From _____ To _____ Full Address _____ Owned Rented

From _____ To _____ Full Address _____ Owned Rented

EMPLOYMENT RECORD: (List employment and anywhere you worked more than seven (7) years at one place.)

From _____ To _____ Place of Employment _____

From _____ To _____ Place of Employment _____

WHERE DOES OR DID SPOUSE WORK?

If the Medicaid Applicant is current in a nursing home, where and with whom did he/she reside immediately prior to the nursing home admission?

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Please list **any kind of income** available & the amount, if know. If you do not know the amount, check the space to indicate there is income.

Social Security _____ Railroad Retirement _____

Supplemental Security Income _____ Private Retirement _____

Any Kind of Veteran's Check _____ Rent from any Property _____

Civil Service Annuity _____ Income from any Source _____

Please list any kind of **resource** available.

Name of Bank where any of the following are or have been located within the last 24 months.

Checking Account _____ Account Balance \$ _____

Savings Account _____ Account Balance \$ _____

Certificates/Stocks/Bonds _____ Value \$ _____

Safety Deposit Box
Contents _____

Does the applicant own a car? Yes No Make and Model _____

Does the applicant own a truck? Yes No Make and Model _____

Any kind of motor vehicle? Yes No Make and Model _____

LIST ANY REAL PROPERTY WHICH APPLICANT OWNS OR PREVIOUSLY OWNED:

<u>TYPE OF PROPERTY</u>	<u>LOCATION</u>	<u>DATE SOLD OR GIVEN AWAY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is applicant's name listed on any property? Yes No

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Is this the home place? Yes No

Has applicant ever inherited anything: Yes No What? _____

From whom? _____ When? _____

Widowed, Did spouse have a will? Yes No Where is it filed? _____

Applicant's Parents' Names: Mother: _____ Father: _____

Did the parents own any property at their death? Yes No

Did the spouse own any property at their death? Yes No

If disabled adult child, where are parents?

If deceased, did parents leave a will? Yes No Where? _____ When? _____

What resources (money, real property, stocks, or any other items of value) has applicant transferred to someone else?

Date of Transfer: _____ Does applicant retain an interest in the resource for his lifetime, i.e. life estate?
Yes No

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Does the applicant have any children living or deceased? Yes No If yes, list names and addresses:

Does the applicant own any property jointly with children Yes No

Does the applicant have any brothers or sisters living or deceased? Yes No If yes, list names and addresses:

Does the applicant own any property jointly with any living relatives? Yes No Explain: (use back of this page)

Does the applicant own any life/burial insurance? Yes No

Name of Insurance Company _____ Amount of Policy \$ _____

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Name of Insurance Company _____ Amount of Policy \$ _____

Does anyone else have a policy for this applicant? Yes No Who? _____

Address _____

Does the applicant have a place to be buried? Yes No Where? _____

Is there a deed? Yes No Has anyone paid funeral expensed in advance for the applicant? Yes No

To Whom? _____

What funeral home will be notified in the event of death of the applicant? _____

If spouse is deceased, where is he/she buried? _____

Does the applicant have any hospital or medical insurance of any kind other than Medicare? Yes No

Name of Insurance Company _____

Did applicant or spouse ever serve in Military Service? Yes No Was applicant or spouse a Veteran? Yes No

Does applicant have a deceased child who was a Veteran? Yes No

If single, was applicant's parent/parents a Veteran? Yes No

Has applicant ever been in a nursing home before, or ever received Medicaid Yes No

Where? _____ When? _____

Are any of your children or grandchildren disabled? Yes No _____

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THIS IS TO CERTIFY THAT THE ABOVE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE:

SIGNED: _____

RELATIONSHIP: _____

DATE: _____

WITNESS: If signed by "X" _____

If you have them, please provide COPIES of all of the following:

- Most recent Last Will & Testament
- Power of Attorney
- Trusts
- Deeds for all Real Estate
- Titles for all vehicles
- Statements from all financial accounts (e.g., banking, investment and others)
- List of all other items of value you own except for household furnishings and personal jewelry (we will tell you whether the items you list are countable or exempt for purposes of Medicaid eligibility)
- Health Care Advance Directive (or HC Power of Attorney or Living Will)