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* BOARD CERTIFIED
ESTATE PLANNING & PROBATE LAW
TEXAS BOARD OF LEGAL SPECIALIZATION

MEDICAID QUESTIONNAIRE

In response to your contact with our office regarding Medicaid issues, enclosed please find a questionnaire in preparation for your appointment.

The completion of this questionnaire prior to your appointment will enable us to better serve you in a more timely and professional matter. If there is other information that we need, we will cover that at our initial office consultation.

We appreciate the opportunity to be of service to you in this matter.

Leach & Fox Attorneys at Law, P.C.

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Date _____

MEDICAID INFORMATION SHEET

Name of Medicaid:
Applicant _____

Name of Spouse: _____

Home Address: _____

Home Phone: _____ Fax/Pager/Mobile _____

Employer (Husband): _____ Work Phone: _____
Fax: _____

(Wife) _____ Work Phone: _____
Fax: _____

SS No. (Husband): _____ D.O.B.: _____ Age: _____

(Wife) _____ D.O.B.: _____ Age: _____

Date of Marriage: _____

Date of Texas Residence Established: _____ Both U.S. Citizen: Y/N

CHILDREN:

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I. INCOME (MONTHLY AMOUNT):

- 1. Medicaid Applicant
 - A. Social Security _____
 - B. Retirement _____
 - C. Other _____
- 2. Spouse
 - A. Social Security _____
 - B. Wages _____
 - C. Retirement _____
 - D. Other _____

II. ASSETS

1. REAL ESTATE:

Current Value:

Please bring a copy of the Warranty Deed on each piece of property

A. Address: _____

Balance of any Mortgage \$ _____
Ownership as shown on Warranty Deed:

B. Address: _____

Balance of any Mortgage \$ _____
Ownership as shown on Warranty Deed:

C. Address: _____

Balance of any Mortgage \$ _____
Ownership as shown on Warranty Deed:

2. LIFE INSURANCE

Cash Value

Death Benefit

On Life of Husband:

A. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life

Primary Beneficiary _____

Contingent Beneficiary _____

B. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

C. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

D. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

E. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

On Life of Wife:

Cash Value

Death Benefit

A. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

B. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

C. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

D. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

E. Insurance Co. _____
Type (circle) Term, Whole Life, Universal or Variable Life _____

Primary Beneficiary _____

Contingent Beneficiary _____

3. TAX DEFERRED ASSETS

In Name of Husband:

Current Value:

A. 401K _____

Primary Beneficiary _____

Contingent Beneficiary _____

B. IRA _____

Primary Beneficiary _____

Contingent Beneficiary _____

C. IRA _____

Primary Beneficiary _____

Contingent Beneficiary _____

D. IRA _____

Primary Beneficiary _____

Contingent Beneficiary _____

In Name of Wife:

Current Value:

- A. 401K _____
Primary Beneficiary _____
Contingent Beneficiary _____
- B. IRA _____
Primary Beneficiary _____
Contingent Beneficiary _____
- C. IRA _____
Primary Beneficiary _____
Contingent Beneficiary _____
- D. IRA _____
Primary Beneficiary _____
Contingent Beneficiary _____

4. **BANK ACCOUNTS**

	Name of Bank	Acct. type (CD checking, saving)	Name on Account	Current Value
A.	_____	_____	_____	\$ _____
B.	_____	_____	_____	\$ _____
C.	_____	_____	_____	\$ _____
D.	_____	_____	_____	\$ _____
E.	_____	_____	_____	\$ _____
F.	_____	_____	_____	\$ _____
G.	_____	_____	_____	\$ _____
H.	_____	_____	_____	\$ _____

5. INVESTMENT ASSETS (Brokerage Acct., Stocks, Bonds, Mutual Funds, Annuities, etc.)

	Name of Company or Fund	Type of Investment	Names as shown on Cert. or Acct.	Current Value
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____
F.	_____	_____	_____	_____
G.	_____	_____	_____	_____
H.	_____	_____	_____	_____
I.	_____	_____	_____	_____
J.	_____	_____	_____	_____

6. BUSINESSES

- A. Name of Business _____
 Type (circle) Corporation, Partnership, Sole Proprietorship
 Percentage Ownership _____ %
 Is there a current Buy-Sell Agreement _____
- B. Name of Business _____
 Type (circle) Corporation, Partnership, Sole Proprietorship
 Percentage Ownership _____ %
 Is there a current Buy-Sell Agreement _____

7. TANGIBLE PERSONAL PROPERTY

Approximate Value of Vehicles _____

Approximate Value of Household Furnishings and Personal Belongings _____

8. ADVISORS

A. Who is your tax advisor or CPA (if any) ?

Name: _____

Phone: _____

B. Who is your primary financial advisor (if any) ?

Name: _____

Phone: _____

9. OTHER

Do you have a Pre-Need Funeral or Burial Plan? _____
If you have one, is it Medicaid Qualifying? _____

Do you own a cemetery lot? _____

Do you have Long Term Care Insurance? _____

10. ESTATE PLANNING

Do you currently have any of the following?

HUSBAND

WIFE

A. Will

i. Executor _____

ii. Will Recipients: _____

B. Durable Power of Attorney

i. To whom: _____

C. Medical Power of Attorney

i. Agent for medical decisions: _____

D. Directive to Physician's (Living Will)

E. HIPPA Authorization

III. Other Information:
