

**Medicaid Planning  
In-Take Sheet**  
(Single)

Date of Interview:	_____
Location:	_____ Boynton Ofc.    Other: _____
Others Present:	_____

**CLIENT - GENERAL INFORMATION**

1	Gender	_____ Male    _____ Female
2	Salutation	_____ Mr.    _____ Mrs.    _____ Ms    _____ Dr.
3	Full Name	_____
4	Home Address	_____
5	City, State, Zip	_____
6	County	_____
7	Home Phone	_____
8	Cell Phone	_____
9	Work Phone	_____
10	Email	_____
11	Citizenship	_____ U.S. Citizen & Resident    _____ U.S. Resident    _____ Other

**CLIENT - DETAILED INFO**

12	Soc Sec Number	_____
13	DOB	_____
14	Age	_____
15	Over 55	_____ YES    _____ NO
15	Life Expectancy	_____
16	Client Veteran OR Widow of Veteran	_____
17	Client Widow of Veteran	_____

**CLIENT - MARITAL HISTORY**

18	Client Marital Status	<b>SINGLE</b>
19	Children	<p>_____ Yes    _____ No    If Yes:</p> <p><b>Full name of each child age, city and state. Disabled?:</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>
19	Previous Marriage	Yes    No    If Yes, divorce date

**CLIENT - CURRENT ESTATE PLANNING DOCUMENTS**

20	<b>Client Current Will</b>	Yes _____ No _____ If Yes, Date: _____ STATE: _____  Comments:
21	<b>Client Trusts</b>	Yes _____ No _____ If Yes, Date _____ STATE: _____  Comments:
22	<b>Client DPOA</b>	Yes _____ No _____ If Yes, Date _____ STATE: _____  Comments:
23	<b>Client Healthcare Surrogate</b>	Yes _____ No _____ If Yes, Date _____ STATE: _____  Comments:
24	<b>Client Living Will</b>	Yes _____ No _____ Date _____ STATE: _____ Withhold Nutrition: Yes: _____ No: _____

**Client Health Insurance**

Client - Health Insurance		
23	Client Medicare Coverage	
24	Client MEDIGAP	
25	Client LTC Insurance?	

**Client Current Location and Health Insurance**

26	Type of Living Arrangement	
27	Client Location	
28	Phone	
29	Date of admission	
30	Funding Source	Self pay    Health Insurance    Medicare    Medicaid

**Client ADL's (Activities of Daily Living)**

31	Client's Doctor Doctor Address/Phone			
32	Walk and Stand	Independent	Requires Some Assistance	Totally Dependent
33	Feed Self	Independent	Requires Some Assistance	Totally Dependent
34	Dressing Self	Independent	Requires Some Assistance	Totally Dependent
35	Bath Self	Independent	Requires Some Assistance	Totally Dependent
36	Toiletry	Independent	Requires Some Assistance	Totally Dependent
37	Continance	Independent	Requires Some Assistance	Totally Dependent
38	Transfer	Independent	Requires Some Assistance	Totally Dependent
39	Dementia	Diagnosis _____		
40	General Overall Health			

<b>Client Rep</b>		
41	Client Rep Acronym	
42	Client Rep Full Name	
43	Client Rep Relation	
44	Client Rep Address	
45	Client Rep City State	
46	Client Rep Zip Code	
47	Client Rep Cell Phone	
48	Client Rep Home Phone	
49	Client Rep Email	
50	Client Rep Soc Sec	

### VIII. LISTING OF ASSETS

Asset (In Dollars)	You (\$\$)	Joint (w/ Others - \$\$)	Comments
<b>Primary Residence</b>			
1 <sup>st</sup> Mortgage			
<b>Additional Residence</b>			
1 <sup>st</sup> Mortgage			
<b>Vehicle 1</b>			
Owed on Car:			
<b>Vehicle 2</b>			
Owed on car			
<b>Bank – Savings</b>			
<b>Bank - Savings</b>			
<b>Bank Check</b>			
<b>Bank Check</b>			
<b>Cemetery Plot</b>			
<b>Funeral Plan</b>			
<b>Burial Fund</b>			
<b>Annuities</b>			
<b>Bonds</b>			
<b>401(k)</b>			
<b>Stocks</b>			
<b>Bus Assets/Rental Prop</b>			
<b>TOTALS</b>			

**IX. GROSS MONTHLY INCOME**

<b>Source</b>	<b>TOTAL (Gross \$\$)</b>
GROSS Social Security (Retirement)	
IRA (Traditional)	
IRA (Roth)	
Pension	
CD Income	
VA Pension Aid Attendance	
VA Compensation	
401(k)	
Annuity Income	
Interest	
Dividend	
Wages	
<b>Gross Total Income</b>	

<b>ADDITIONAL QUESTIONS</b>	<b>Client</b>
Where do you keep important papers (Wills, Insurance policies)	
Do you have safe deposit box (Location) Names who have access	
Expecting any inheritances (When how much form whom)	
Gift tax returns ever filed? Ever give gifts to any one person exceeding \$10,000?	
Are you do you have a power of appointment or are you named as a personal representative in anyone else's Will or named trustee?	
Are you party to buy-sell agreement, stock option plan, salary continuation plan, or deferred compensation plan. (not pension or profit sharing plan)	

**COMMENTS/NOTES**