

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

|                           |   |
|---------------------------|---|
| <b>Date of Interview:</b> | _____   |
| <b>Location:</b>          | _____ <b>Boynton Ofc.</b> <b>Other:</b> _____ |
| <b>Others Present:</b>    | _____   |

**CLIENT - GENERAL INFORMATION**

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

**CLIENT - DETAILED INFO**

|    |   |                                  |
|----|---|----------------------------------|
| 12 | <b>Soc Sec Number</b>                     | _____                            |
| 13 | <b>DOB</b>                                | _____                            |
| 14 | <b>Age</b>                                | _____                            |
| 15 | <b>Over 55</b>                            | _____ <b>YES</b> _____ <b>NO</b> |
| 15 | <b>Life Expectancy</b>                    | _____                            |
| 16 | <b>Client Veteran OR Widow of Veteran</b> | _____                            |
| 17 | <b>Client Widow of Veteran</b>            | _____                            |

**CLIENT – MARITAL HISTORY**

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

**CLIENT - CURRENT ESTATE PLANNING DOCUMENTS**

|    |                                    |  |
|----|------------------------------------|--|
| 20 | <b>Client Current Will</b>         | Yes _____ No _____<br>If Yes, Date: _____ STATE: _____<br><br>Comments:                |
| 21 | <b>Client Trusts</b>               | Yes _____ No _____<br>If Yes, Date _____ STATE: _____<br><br>Comments:                 |
| 22 | <b>Client DPOA</b>                 | Yes _____ No _____<br>If Yes, Date _____ STATE: _____<br><br>Comments:                 |
| 23 | <b>Client Healthcare Surrogate</b> | Yes _____ No _____<br>If Yes, Date _____ STATE: _____<br><br>Comments:                 |
| 24 | <b>Client Living Will</b>          | Yes _____ No _____ Date _____ STATE: _____<br>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<br>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 | Continence                              | Independent    Requires Some Assistance    Totally Dependent |
| 38 | Transfer                                | Independent    Requires Some Assistance    Totally Dependent |
| 39 | Dementia                                | Diagnosis _____  |
| 40 | General Overall Health                  |  |

| Client Rep |                       |  |
|------------|-----------------------|--|
| 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    |  |

**SPOUSE - GENERAL INFORMATION**

|   |                  |   |
|---|------------------|---|
| 1 | Gender           | <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| 2 | Salutation       | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms <input type="checkbox"/> Dr. |
| 1 | Full Name        |   |
| 2 | Home Address     |   |
| 3 | City, State, Zip |   |
| 4 | County           |   |
| 5 | Home Phone       |   |
| 6 | Cell Phone       |   |
| 7 | Work Phone       |   |
| 8 | Email            |   |
| 9 | Citizenship      |   |

**SPOUSE - VITALS**

|    |                 |  |
|----|-----------------|--|
| 12 | Soc Sec Number  |  |
| 13 | DOB             |  |
| 14 | Age             |  |
| 15 | Over 55         | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 15 | Life Expectancy |  |

|    |                                    |  |
|----|------------------------------------|--|
| 16 | Client Veteran OR Widow of Veteran |  |
| 17 | Client Widow of Veteran            |  |

**SPOUSE – MARITAL HISTORY**

|    |                                      |  |
|----|--------------------------------------|--|
| 18 | Client Marital Status                | <b>MARRIED</b>   |
| 19 | Children<br><b>CURRENT</b> Marriage  | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes:<br><b>Full name of each child age, city and state. Disabled?:</b><br>1. _____<br>2. _____<br>3. _____<br>4. _____ |
| 19 | Previous Marriage                    | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, divorce date _____  |
|    | Children<br><b>PREVIOUS</b> Marriage | <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes:<br><b>Full name of each child age, city and state. Disabled?:</b><br>1. _____<br>2. _____<br>3. _____<br>4. _____ |

**SPOUSE - CURRENT ESTATE PLANNING DOCUMENTS**

|   |                                    |  |
|---|------------------------------------|--|
| 1 | <b>Spouse Current Will</b>         | Yes _____ No _____ If Yes, Date: _____ STATE: _____<br>Comments:                       |
| 2 | <b>Spouse Client Trusts</b>        | Yes _____ No _____ If Yes, Date _____ STATE: _____<br>Comments:                        |
| 3 | <b>Spouse DPOA</b>                 | Yes _____ No _____ If Yes, Date _____ STATE: _____<br>Comments:                        |
| 4 | <b>Spouse Healthcare Surrogate</b> | Yes _____ No _____ Date _____<br>Comments:   |
| 5 | <b>Spouse Living Will</b>          | Yes _____ No _____ Date _____ STATE: _____<br>Withhold Nutrition: Yes: _____ No: _____ |

| <b>Spouse - Health Insurance</b> |                          |  |
|----------------------------------|--------------------------|--|
| 85                               | Spouse Medicare Coverage |  |
| 86                               | Spouse MEDIGAP           |  |
| 87                               | Spouse LTC Insurance?    |  |

**Spouse's Health (Activities of Daily Living)**

|    | Primary Care Doctor<br>Address/Phone |             |                          |                   |
|----|--------------------------------------|-------------|--------------------------|-------------------|
| 70 | Walk and Stand                       | Independent | Requires Some Assistance | Totally Dependent |
| 71 | Feed Self                            | Independent | Requires Some Assistance | Totally Dependent |
| 72 | Dressing Self                        | Independent | Requires Some Assistance | Totally Dependent |
| 73 | Bath Self                            | Independent | Requires Some Assistance | Totally Dependent |
| 74 | Toiletry                             | Independent | Requires Some Assistance | Totally Dependent |
| 75 | Contenance                           | Independent | Requires Some Assistance | Totally Dependent |
| 76 | Transfer                             | Independent | Requires Some Assistance | Totally Dependent |
| 77 | Dementia                             | YES NO      | Diagnosis _____          |                   |
| 78 | General Overall Health               |             |                          |                   |

**VII. Spouse's Location and Health Insurance**

|    |                   |                        |                    |          |          |     |         |
|----|-------------------|------------------------|--------------------|----------|----------|-----|---------|
| 79 | Type of facility  | Lives at Home/Children | Independent Living | Hospital | CCRC     | ALF | Nursing |
| 80 | Address           |                        |                    |          |          |     |         |
| 81 | City State Zip    |                        |                    |          |          |     |         |
| 82 | Phone             |                        |                    |          |          |     |         |
| 83 | Date of admission |                        |                    |          |          |     |         |
| 84 | Funding Source    | Self pay               | Health Insurance   | Medicare | Medicaid |     |         |

**VIII. LISTING OF ASSETS**

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

**IX. GROSS MONTHLY INCOME**

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

| ADDITIONAL QUESTIONS  | Client | Spouse |
|---|--------|--------|
| Where do you keep important papers (Wills, Insurance policies)  |        |        |
| Do you have safe deposit box (Location)<br>Names who have access  |        |        |
| Expecting any inheritances (When how much form whom)  |        |        |
| Gift tax returns ever filed?<br>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) |        |        |



| <b>CASHFLOW ANALYSIS</b>           |                  |               |              |
|------------------------------------|------------------|---------------|--------------|
|                                    | <b>Applicant</b> | <b>Spouse</b> | <b>Total</b> |
| <b>TOTAL INCOME</b>                |                  |               |              |
|                                    |                  |               |              |
| <b>SHELTER COSTS</b>               |                  |               |              |
| Mortgage Payment                   |                  |               |              |
| Home Insurance                     |                  |               |              |
| Home Maintenance                   |                  |               |              |
| MIP                                |                  |               |              |
| Condo/Association Fee              |                  |               |              |
| Property Taxes/Escrowed            |                  |               |              |
| Telephone                          |                  |               |              |
| Cable TV                           |                  |               |              |
| Miscellaneous Upkeep               |                  |               |              |
| Plumbing/Electric                  |                  |               |              |
| Lawn care                          |                  |               |              |
| Water/Sewer                        |                  |               |              |
| <b>Total Shelter Costs</b>         |                  |               |              |
| <b>DAILY LIVING EXPENSES</b>       |                  |               |              |
| Entertainment                      |                  |               |              |
| Food, Care Products                |                  |               |              |
| Gasoline                           |                  |               |              |
| Car Payment                        |                  |               |              |
| Auto Insurance                     |                  |               |              |
| Life Insurance premiums            |                  |               |              |
| Temple/Church Dues                 |                  |               |              |
| Housekeeper Services               |                  |               |              |
| Credit Card Pmts                   |                  |               |              |
| Other Taxes                        |                  |               |              |
| <b>Total Daily Living Expenses</b> |                  |               |              |
| <b>HEALTH CARE COSTS</b>           |                  |               |              |
| Health Ins Supplement              |                  |               |              |
| Care Asst/Mgr/Nurse                |                  |               |              |
| NH / ALF Pat Responsibility        |                  |               |              |
| Adult Day Care Services            |                  |               |              |
| Co-Pays                            |                  |               |              |
| Med Supplies                       |                  |               |              |
| Non-Prescription Drugs             |                  |               |              |
| Prescription Drugs                 |                  |               |              |
| <b>Total Health Care Costs</b>     |                  |               |              |
| <b>GRAND TOTAL EXPENSES</b>        |                  |               |              |
| <b>NET CASH FLOW</b>               |                  |               |              |

**XI. TRANSFERS IN LAST 60 MONTHS**

*(Include any transfers from accounts held jointly with others)*

| Asset Transferred | Date Transferred | Amount | To Who/Where |
|-------------------|------------------|--------|--------------|
|                   |                  |        |              |
|                   |                  |        |              |
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**COMMENTS/NOTES**