

DALE, HUFFMAN & BABCOCK

Lawyers

www.dhblaw.com

DAVID C. DALE
KEITH P. HUFFMAN
TIMOTHY K. BABCOCK
CHRISTOPHER L. NUSBAUM
JESLYNN C. SMITH
MICHAEL J. HUFFMAN

1127 NORTH MAIN STREET
POST OFFICE BOX 277
BLUFFTON, INDIANA 46714
(260) 824-5566
(800) 391-1820
FAX (260) 824-8855

OSSIAN BRANCH OFFICE
215 NORTH JEFFERSON STREET
POST OFFICE BOX 178
OSSIAN, INDIANA 46777
(260) 622-7871

The following is a list of materials needed in your first Medicaid planning appointment.

1. Current Power of Attorney documents for each of you;
2. Your most current wills;
3. Deed(s) to any real estate you own;
4. The current value of any checking and/or savings accounts you own;
5. The current value of any stock and/or bonds you own;
6. Any insurance policies you own; and
7. Documentation showing the current gross monthly income each of you receives.

Date: _____

**Client Information Sheet
Married Couple**

Please complete this form prior to your initial meeting to allow us to more efficiently serve your needs. This form is intended to be completed by married couples. For convenience, when completing this form, the husband is the “Client” and the wife is the “Spouse”. Otherwise, the sole person completing the form is the “Client”. Please use the back of the form if additional space is needed.

Personal Information:

A. Client's Name: _____

First

Middle Initial

Last

Age: _____ Date of Birth: _____

Last grade completed: _____

Have you ever been convicted of a felony? Yes _____ No _____

U. S. Citizen: Yes _____ No _____

Have you or your spouse served in the military on active duty during a wartime period? Y N

Social Security No.: _____ County of domicile: _____

Street (Road) address: _____

Post Office Box (if applicable): _____

City, State & Zip: _____

Telephone No.: Home: _____ Work: _____

E-mail Address: _____

Has anyone lived with you and your spouse or have you or spouse lived with anyone during the last two years? Y N

If yes, please explain the circumstances: _____

H W 3. _____

H W 4. _____

H W 5. _____

H W 6. _____

Do any of your children receive Social Security Disability benefits? _____

E. During any time after September 30, 1989, have you or your spouse ever been in a hospital and/or nursing home for more than 30 consecutive days? Yes _____ No _____

If yes, please provide the first date of admission, name of facility, and the date of discharge? _____

F. Have you, your spouse, or anyone in your family filed for Medicaid, Food Stamps, or TANF benefits before? Yes _____ No _____

Loans:

Does anyone presently owe you any money (or other debt)? Y N

If yes, do you have written documentation signed by the debtor? Y N

Please list the amount owed to you for each loan and payment terms: _____

Monthly Income:

	<u>Husband</u>	<u>Wife</u>
Social Security	_____	_____
Pension	_____	_____
Annuity	_____	_____
Other	_____	_____
Total	_____	_____

Income Taxes:

Are you required to file a federal income tax return? Y N
Do you file jointly? Y N
Do you claim any dependents (other than your spouse)? Y N
Are either of you claimed as a dependent on another person's taxes? Y N

Expenses:

Supplemental Health Insurance (please list separately for Client and Spouse):
Client's Monthly premium: _____ Company Name: _____
Spouse's Monthly premium: _____ Company Name: _____

Do you or your spouse have Medicare Part C coverage? _____

Medicare Part D (Prescription) Coverage:
Client's Monthly premium: _____ Company Name: _____
Spouse's Monthly premium: _____ Company Name: _____

Monthly Utilities: _____

Monthly House payment or rent payment: _____

Annual Real Estate Taxes: _____

Annual Property Insurance: _____

Assets:

Do you own a qualified annuity (funded with retirement funds)? Y N

Do you own a non-qualified annuity (not funded with retirement funds)? Y N

Real Estate:

Address: _____

Acreage: _____

Please provide a copy of the most current deed(s) and real estate tax bill(s).

Vehicle(s): _____

Bank Accounts (please add additional pages as necessary):

Name of Bank: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Name of Bank: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Other Investments:

Name of Company: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Name of Company: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Life Insurance (please add additional pages as necessary):

Company: _____

Policy Number: _____ Value: _____

Company: _____

Policy Number: _____ Value: _____

Nursing Home Insurance:

Company: _____

Policy Number: _____ Elimination Period: _____

Daily or Monthly Benefit: _____

Benefit Length: _____

Other Assets: _____

Do you own cemetery lots? Yes _____ No _____

If yes, please provide a copy of the deed for such lot(s).

Do you own prepaid funeral arrangements? Yes _____ No _____

If yes, please provide us with all documents pertaining to such arrangements.

Gifts:

Please list all gifts made within the last five years (no matter how small or for what reason—excluding gifts to charities and churches). Please use a separate sheet of paper if necessary.

<u>Date</u>	<u>Amount</u>	<u>Recipient</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referral:

Who referred you to this office?

Name _____

Street Address _____

City _____ State _____ ZIP _____

Client's Signature

Spouse's Signature

Date: _____

Date: _____

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