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

1. Current Power of Attorney document;
2. Your most current will;
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. The current monthly income you receive.

Please list all places where client has lived in the last two years: _____

Is client currently in a nursing home? Yes _____ No _____

If so, name of the facility: _____

Was admission from home or from a hospital or other facility? _____

Please provide the first date of admission, name of facility, and the date of each subsequent transfer through the present: _____

Have you, your former spouse, or anyone in your family filed for Medicaid, Food Stamps, or TANF? Yes _____ No _____

B. Contact Person/POA: _____
First Middle Initial Last

Street (Road) address: _____

Post Office Box (if applicable): _____

City, State & Zip: _____

Telephone No.: Home: _____ Work: _____

E-Mail Address: _____

C. Names and addresses of each of your children:

Name (first, middle initial, last):

Address/Phone:

1. _____

2. _____

- 3. _____
- 4. _____
- 5. _____
- 6. _____

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

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:

Social Security _____
 Pension _____
 Annuity _____
 Other _____

Total _____

Expenses:

Supplemental Health Insurance:

Monthly premium: _____ Company Name: _____

Do you have Medicare Part C Coverage? _____

Medicare Part D (Prescription) Coverage:

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: _____

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: _____

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 on or after November 1, 2009 (no matter how small or for what reason—including gifts to charities and churches). Please use a separate sheet of paper if necessary.

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

