## DALE, HUFFMAN & BABCOCK

#### Lawyers

DAVID C. DALE KEITH P. HUFFMAN TIMOTHY K. BABCOCK JESLYNN C. SMITH MICHAEL J. HUFFMAN 1127 NORTH MAIN STREET BLUFFTON, INDIANA 46714 (260) 824-5566 FAX (260) 824-8855 www.dhblaw.com OSSIAN BRANCH OFFICE 215 NORTH JEFFERSON STREET OSSIAN, INDIANA 46777

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

- 1. Current Power of Attorney document 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
- 7. The current monthly income each of you receive

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:**

	e: First	Middle Initial	Last
Age:	_ Date of Birth:		
Last grade	completed:		
Have you	ever been convicted	d of a felony? Yes	No
U. S. Citiz	zen: Yes_	No	
Have you period?	-	ved in the military on active	duty during a wartim
Social Sec	curity No.:	County of domi	cile:
Street (Ro	ad) address:		
Post Offic	e Box (if applicable)	):	
City, State	& Zip:		
Telephone	No.: Home:	Work:	
E-mail Ad	ldress:		
	ne lived with you a ring the last two yes	nd your spouse or have yo ars? Y N	u or spouse lived wit
		mstances:	

B.	Spouse's Nan	ne:		
		First	Middle Initial	Last
	Age:	_ Date of Birth:		
	Last grade	completed:		
	Have you	ever been convicted	of a felony? Yes	No
	U. S. Citiz	en: Yes_	No	
	Social Sec	urity No.:		
	Telephone	No.: Work:		
	E-Mail Ad	ldress:		
Is this Do yo	s a second marr	n pre-nuptial agreer	No e? Yes No ment? Yes No	
C.	Contact Perso		V6.10 V	1 1
	Street (Ro	First ad) address:	Middle Initia	
	Post Office	e Box (if applicable)	:	
	City, State	& Zip:		
	Telephone	No.: Home:	Work:	
	E-Mail Ac	ldress:		
<b>D.</b> "W"	Names an	d addresses of each	of your children: "H" denote ne married couple, ignore the	es husband's child and
	Name (first, r	niddle initial, last):	Address/Phone:	D.O.B.
H W	/ 1		_	
H W	<sup>7</sup> 2			
(next	page for additi	onal children)		

H W 3	·	<del></del>		
H W 4.				
H W 5				
H W 6.				
Do any of your child <b>E.</b> During any time			y benefits?	
If yes, please providischarge?	de the first date	of admission, na	ame of facility, a	and the date of
F. Have you, you TANF benefits before	-	-	led for Medicaid, I	Food Stamps, or
Loans:				
Does anyone present	ly owe you any m	oney (or other deb	t)? Y N	
If yes, do you have v	vritten documenta	tion signed by the	debtor? Y	1
Please list the amoun	t owed to you for	each loan and payn	nent terms:	
Monthly Income:	<u>Husband</u>	Wife		
Social Security Pension Annuity Other			- - -	
Total		3	-	

### **Income Taxes**:

Are you required to file a federal income Do you file jointly? Y N	tax return? Y	N			
Do you claim any dependents (other than Are either of you claimed as a dependent				Y	N
Are either of you claimed as a dependent	on another perso	II S taxes	•	•	14
Expenses:					
Supplemental Health Insurance (please l Client's Monthly premium:	Company Name:				
Spouse's Monthly premium:	Company Name:	:			
Do you or your spouse have Medicare Pa	urt C coverage? _				
Medicare Part D (Prescription) Coverage					
Client's Monthly premium:	Company Name:				
Spouse's Monthly premium:	Company Name:		<del>-</del>		
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 fu	ınds)? Y	N		
Do you own a non-qualified annuity (not	funded with retir	ement fu	ınds)?	Y N	
Real Estate:					
Address:					
Acreage:					
Please provide a copy of the most	current deed(s) a	nd real e	state ta	x 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:

Type of Account/Account Number:

Current Balance:

Current Balance:

Type of Account/Account l Current Balance:	Number:	
Life Insurance (please add addition	onal pages as necessary	<b>):</b>
Company:		
Policy Number:	Va	alue:
Company:		
Policy Number:	Va	alue:
Nursing Home Insurance:		
Company:		
Policy Number:	EI	imination Period:
Daily or Monthly Benefit:		
Benefit Length:		
Other Assets:		
Do you own cemetery lots? Yes _ If yes, please provide a copy of the		
Do you own prepaid funeral arranger If yes, please provide us with all design and the second		
Gifts:		
Please list all gifts made within the excluding gifts to charities and chu	•	
<u>Date</u>	Amount	<u>Recipient</u>

Referral:			
Who referred you to this office?			
Name			
Street Address			
City	State	ZIP	
Client's Signature		Spouse's Signature	
Date:		Date:	

Rev. 8/2017