

THOMPSON, THOMPSON & GLANVILLE, PLC

ATTORNEYS AT LAW

www.thompsonsglanville.com

Tracy M. Thompson
Laura H. Thompson
Ryan T. Glanville
Deborah K. Sherman, Paralegal

111 E. Court Street
Post Office Box 609
Ludington, Michigan 49431-0609
Tel (231) 843-8579
Fax (231) 843-9456

tracy@thompsonsglanville.com
laura@thompsonsglanville.com
ryan@thompsonsglanville.com
deborah@thompsonsglanville.com

Please bring this completed form to your appointment.

INFORMATION FOR MEDICAID PLANNING

Hospitalized Person / Client _____
SS# _____ Birth date _____ Citizenship _____
Nursing Home _____ County _____
Date entered Hospital _____ Date entered Nursing Home _____
Veteran: Yes _____ No _____

Spouse/Other (specify) _____
SS# _____ Birth date _____ Citizenship _____
Address _____ County _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Email Address _____
Do you prefer to have documents sent to you via: _____ Email _____ First Class Mail _____ Both
Veteran: Yes _____ No _____

What is the marital status of the person who is the subject of this questionnaire?
_____ Never married _____ Separated _____ Divorced
_____ Married: date of marriage _____
_____ Widowed: date of marriage _____

If this questionnaire is being completed by or for a person who is not currently married (including someone who is widowed), please disregard questions about "your spouse."

Please provide as much of the requested information as reasonably possible. Please attach copies of documents that relate to the information requested. Please include additional pages as necessary to provide complete responses.

Has anyone in your household received a federal tax refund in the last 12 months? (Check one)
_____ No _____ Yes: If so, how much \$ _____.

Please indicate which, if any, of the following estate planning documents you have already executed. (Check all that apply) Please attach copies.

_____ Will
_____ Revocable trust
_____ Durable power of attorney for finance
_____ Durable power of attorney for health care (patient advocate designation)
_____ Other _____

With respect to client, please respond to the following questions, and provide as much additional information as necessary to describe your current living situation.

Where does the individual applying for Medicaid currently reside? (*Check one*)

- ☐ At home
- ☐ In the home of a friend or family member
- ☐ In an assisted living community or adult foster care home
- ☐ In an apartment
- ☐ In a long term care nursing home
- ☐ In rehab. care following a hospital stay

Whom do you live with?(*Check one*)

- ☐ alone
- ☐ spouse
- ☐ other: Name _____ Relationship _____

Which of the following housing or care costs are you currently paying, and what is the approximate monthly expense? (*Check all that apply*)

- ☐ Mortgage \$ _____
- ☐ Rent \$ _____
- ☐ In-home care \$ _____
- ☐ Utilities \$ _____
- ☐ Taxes \$ _____
- ☐ Other \$ _____

With respect to your spouse, please respond to the following questions, and provide as much additional information as necessary to describe his or her current living situation.

- ☐ My spouse lives with me (see above).
- ☐ We currently pay for caretakers to come into the home to assist with caring for my spouse. Monthly cost: \$ _____
- ☐ I or other members of our family are providing care to my spouse in our home at no charge.
- ☐ My spouse lives in an adult foster care home or assisted living facility. Monthly cost: \$ _____
- ☐ My spouse lives in a nursing home. Monthly cost: \$ _____

If you or your spouse is currently in a nursing home, please answer the following questions with respect to whichever of you is the nursing home resident.

What is the name and address of the nursing home?

Did the nursing home resident enter the nursing home directly from the community or following a stay in the hospital? (*Check one*)

- ☐ directly from the community
- ☐ following a hospital stay

If the nursing home resident entered the nursing home directly from the community, what was the date the nursing home resident was admitted to the nursing home?

Date: _____

If the nursing home resident entered the nursing home following a stay in the hospital, what was the nursing home resident's date of admission to the hospital (preceding the nursing home resident's release to the nursing home)? Date: _____

Has any of the nursing home resident's nursing home stay been covered by Medicare? (*Check one*) _____ No _____ Yes

If Medicare coverage was originally provided but has since ended, on what date did it end? Date: _____

If Medicare coverage is continuing at this time, has the nursing home resident been given a date when Medicare coverage is expected to end? (*Check one*)
_____ No _____ Yes If yes, what is the date? _____

Please describe your current medical condition with reasonable detail. Please specifically identify any conditions relating to mental health or dementia, and indicate the extent to which these conditions have reduced your ability to perform activities of daily living.

Please describe your spouse's current medical condition with reasonable detail. Please specifically identify any conditions relating to mental health or dementia, and indicate the extent to which these conditions have reduced your spouse's ability to perform activities of daily living.

II. Family Members

Please identify your children (attach additional pages as needed):

Name	
Address	
Phone	
Email	
Date of Birth	

Name	
Address	
Phone	
Email	
Date of Birth	

continued on next page if necessary

Name	
Address	
Phone	
Email	
Date of Birth	

Name	
Address	
Phone	
Email	
Date of Birth	

Are any of your children deceased? (*Check one*) ☐ Yes ☐ No
 If yes, please identify which children are deceased and if the deceased children left any living descendants: _____

Are any of your family members blind or disabled? (*Check one*) ☐ Yes ☐ No
 If yes, please identify which family members are blind or disabled: _____

Does the hospitalized person have a child who is under the age 65 and receiving disability from Social Security? If so please identify the child and provide a copy of the awards of RSDI (Social Security) benefits.

Were all of your children born to or adopted by the same two parents? (*Check one*)
☐ Yes ☐ No If not, please describe the relationships.

III. Income

Please indicate which of the following sources of income apply and the approximate monthly amounts:

Type of Income	Approximate monthly amount	
	Client	Your spouse
Employment	\$	\$
Social Security	\$	\$
Supplemental Security Income	\$	\$
Retirement Benefits (pension, IRA, Keogh, 401K, other)	\$	\$
Veteran's Benefits	\$	\$
Rental Income or Land Contracts held	\$	\$
Other	\$	\$

IV. Insurance Benefits

Please indicate which of the following forms of health insurance coverage are available to you or your spouse:

Medicare coverage (*Check all that apply*): _____ you _____ your spouse

Medicare Part D (drug benefits) coverage (*Check all that apply*): _____ you _____ your spouse

Medicare Supplemental Policy (*Check all that apply*): _____ you _____ your spouse

Private health insurance coverage (*Check all that apply*): _____ you _____ your spouse

Name of private health insurance company: _____

Approximate cost per month of private health insurance coverage: \$ _____

Long-term care insurance coverage (*Check all that apply*): _____ you _____ your spouse

List the company name and benefit amount of any Long Term Care Insurance

Approximate monthly costs for uncovered drug expenses: You: \$ _____ Your spouse: \$ _____

Approximate monthly uncovered medical expenses (other than drugs):

You: \$ _____ Your spouse: \$ _____

V. Assets

List all assets owned by you and your spouse individually or jointly AND all assets owned jointly by you or your spouse and any other person.

* If you provide computer printout statements please have the representative sign and stamp the printout with the bank stamp.

- A. Real Estate in Which You Own an Interest (attach extra pages as needed).** Do you have any real estate, including the homestead? Any unrecorded deeds? Please identify the property, the grantors (signors) and the grantees (recipients) and supply us a copy of the deeds.

HOME

1. Address: _____
2. What type of property is this? (*Check one*)
_____ home _____ farm _____ rental _____ vacation _____ other _____
3. Do you now live or have you ever lived on this property? (*Check one*)
Yes _____ No _____
4. How is the property titled? (*Attach copy of deed*) _____
5. What is the state equalized value (assessed value)? (*Attach copy of property tax statement*)
\$ _____
6. What do you believe to be the current value of this property? \$ _____
7. When did you purchase this property, and what did you pay for it?
Date of purchase: _____ Purchase price: \$ _____

REAL ESTATE OTHER THAN HOME (PARCEL #1)

1. Address: _____
2. What type of property is this? (*Check one*)
 _____ home _____ farm _____ rental _____ vacation _____ other _____
3. Do you now live or have you ever lived on this property? (*Check one*)
 _____ Yes _____ No
4. How is the property titled? (*Attach copy of deed*) _____
5. What is the state equalized value (assessed value)? (*Attach copy of property tax statement*)
 \$ _____
6. What do you believe to be the current value of this property? \$ _____
7. When did you purchase this property, and what did you pay for it?
 Date of purchase: _____ Purchase price: \$ _____

REAL ESTATE OTHER THAN HOME (PARCEL #2)

1. Address: _____
2. What type of property is this? (*Check one*)
 _____ home _____ farm _____ rental _____ vacation _____ other _____
3. Do you now live or have you ever lived on this property? (*Check one*)
 _____ Yes _____ No
4. How is the property titled? (*Attach copy of deed*) _____
5. What is the state equalized value (assessed value)? (*Attach copy of property tax statement*)
 \$ _____
6. What do you believe to be the current value of this property? \$ _____
7. When did you purchase this property, and what did you pay for it?
 Date of purchase: _____ Purchase price: \$ _____

B. Bank Accounts (attach current statements)

Type of account	Name of bank or credit union	Names of account owners (specify "J" if jointly owned)	Current Value
Cash on Hand or in Safety Deposit Box			\$
Checking Account			\$
Checking Account			\$
Savings Account			\$
Savings Account			\$
Certificate of Deposit			\$
Certificate of Deposit			\$
Patient Trust Fund			\$
Savings Bonds			\$
Money Market Funds			\$

C. Stocks or Mutual Funds (attach current statements)

Name of stock or brokerage firm	Names of account owners	Approximate current value
		\$
		\$
		\$
		\$
		\$

D. Retirement Accounts (attach current statements)

Type of account	Name of owner	Institution where account is held	Approximate current balance
IRA			\$
IRA			\$
Keogh			\$
401K			\$
Deferred compensation acct.			\$

E. Life Insurance Policies (attach current statements)

Name of company	Policy number	Name of owner	Name of insured	Face value	Current cash surrender value
				\$	\$
				\$	\$
				\$	\$

F. Annuities (attach current statements)

Name of company	Date purchased	Name of owner	Current cash surrender value	In pay status? (Check one)
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

G. Car/Van/Truck/Boat/Camper/Trailer/Snowmobiles/Other Titled Vehicles or Equipment (attach copies of titles)

Type of vehicle (year and make)	Names of owners	Mileage	Amount Owed	Approximate current value
			\$	\$
			\$	\$
			\$	\$
			\$	\$

H. Other Assets. Identify all other assets not previously identified in this questionnaire. Attach copies of relevant documents.

Type of asset	Names of owners	Approximate current value
Promissory note payable to you		\$
Mortgage payable to you		\$
Land contract (seller's interest)		\$
Collection (art, coins, etc.)		\$
Funeral Contract		\$
Burial space/plot		\$
Other:		\$
Other:		\$

VI. Existing Debt (attach current statements)

Type of debt	Name of creditor	Name of debtor	Approximate current balance
Credit card #1			\$
Credit card #2			\$
Credit card #3			\$
Mortgage			\$
Car loan			\$
Land contract (buyer's interest)			\$
Promissory note			\$
			\$

VII. Transferred Assets/Gifts

During the past five years, have you transferred any asset to someone other than your spouse for less than the fair market value? If so, please complete the following grid.

Asset transferred	Names of persons receiving asset	Date of transfer	Approximate value at time of transfer
			\$
			\$
			\$

During the past five years, have you added the name of someone other than your spouse as an owner to any asset? If so, please complete the following grid.

Asset	Names of persons added as owners	Date of change	Approximate value at time of change
			\$
			\$
			\$

During the past five years, have you transferred any asset into a trust or trust-like arrangement? If so, please complete the following grid.

Asset	Name of trust (attach copy)	Date of transfer	Approximate value at time of transfer
			\$
			\$
			\$

Have you and/or your spouse given any gifts of property or money within the last five (5) years? If YES, please explain and bring all records of the gifts: _____

Have you and/or your spouse received a one-time cash payment in the last five (5) years such as an insurance settlement, lawsuit award, worker's compensation, lottery winnings, etc., or do you have a pending lawsuit that may bring property or money to you? If YES, please explain and bring all records of the payment: _____