

**FINANCIAL INFORMATION
FOR MEDICAID QUALIFICATION**

The requested information is necessary for us to evaluate and to use in making recommendations regarding Medicaid qualification.

Please make sure that the information is complete and accurate.

It is helpful if we can have this information prior to our office conference so we will have an opportunity to review this information in advance. Please deliver, fax, or mail this information to us when it is completed.

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PART I - FAMILY INFORMATION

Name: _____ Birth Date: ____ / ____ / ____ U.S. Citizen? Yes/No
 First Middle Initial Last

Social Security Number: _____ - _____ - _____

Spouse's Name: _____ Birth Date: ____ / ____ / ____ U.S. Citizen? Yes/No
 First Middle Initial Last

Social Security Number: _____ - _____ - _____

Address: _____ Home Phone #: _____

_____ Work Phone #: _____

Date of Marriage: _____

Who do we communicate with? _____

Address: _____

Phone #: _____

E-mail address: _____, if we can communicate by e-mail.

Children

<u>Child's Name</u>	<u>Child of:</u> <u>(Both/Husband/Wife)</u>	<u>Age</u>	<u>Address</u>	<u>Number of Children</u>
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_____	(Both/Husband/Wife)	_____	_____	_____
First Middle Initial Last				

_____	(Both/Husband/Wife)	_____	_____	_____
First Middle Initial Last				

_____	(Both/Husband/Wife)	_____	_____	_____
First Middle Initial Last				

_____	(Both/Husband/Wife)	_____	_____	_____
First Middle Initial Last				

_____	(Both/Husband/Wife)	_____	_____	_____
First Middle Initial Last				

_____	(Both/Husband/Wife)	_____	_____	_____
First Middle Initial Last				

_____	(Both/Husband/Wife)	_____	_____	_____
First Middle Initial Last				

PART II - QUESTIONS

1. Describe the physical/mental problems of the potential Medicaid recipient: _____

2. If the potential Medicaid recipient is married, what date did he/she first have a continuous hospitalization and/or nursing home stay lasting thirty (30) days or longer? _____, _____
3. Is the potential Medicaid recipient a veteran? Yes/No (circle)
4. Is the potential Medicaid recipient insured through private health insurance (i.e. Medicaid Supplement)? If so, provider: _____
 _____ Yes/No (circle)
5. Does the potential Medicaid recipient have long term care insurance? Yes/No (circle)
6. Is the potential Medicaid recipient competent to sign legal documents in your opinion? Yes/No (circle)
7. Does the potential Medicaid recipient have a safety deposit box? Yes/No (circle)
8. Does the potential Medicaid recipient have a Last Will and Testament or a trust? Yes/No (circle)
9. Has the potential Medicaid recipient signed a Power of Attorney? Yes/No (circle)
10. Has the potential Medicaid recipient and/or his/her spouse made any gifts to any person other than his/her spouse within the last five (5) years? Yes/No (circle)
11. Provide the following information concerning any gift described in Question 10:

<u>Date of Gift</u>	<u>Description of Gift</u>	<u>Estimated Value of Gift</u>	<u>Recipient of Gift</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

PART III - INCOME

Social Security for _____ : \$ _____ /month
 Social Security for _____ : \$ _____ /month
 Pension Income for _____ : \$ _____ /month
 Pension Income for _____ : \$ _____ /month
 Other Income for _____ : \$ _____ /month
 Other Income for _____ : \$ _____ /month
 Other Income for _____ : \$ _____ /month

PART IV - PROPERTY AND OWNERSHIP

**CHECKING, SAVINGS, CERTIFICATES OF DEPOSIT,
MONEY MARKET ACCOUNTS**

<u>Description</u>	<u>Current Amount</u>	<u>Ownership (circle)</u>
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
Total Amount: \$ _____		

STOCKS, BONDS, MUTUAL FUNDS, INVESTMENT ACCOUNTS

<u>Description</u>	<u>Current Fair Market Value</u>	<u>Ownership (circle)</u>
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
Total Value: \$ _____		

RETIREMENT PLANS AND ACCOUNTS
(Pension, Profit Sharing, Retirement Annuities,
401K, 403B, H.R. 10, IRA)

<u>Company or Custodian (circle)</u>	<u>Type of Plan</u>	<u>Current Value</u>	<u>Beneficiary(ies)</u>	<u>Ownership</u>
_____	_____	\$ _____	_____	H W
_____	_____	\$ _____	_____	H W
_____	_____	\$ _____	_____	H W
_____	_____	\$ _____	_____	H W
Total Value: \$		\$ _____		

REAL ESTATE

<u>Description</u>	<u>Estimated Fair Market Value</u>	<u>Mortgage Pay-Off</u>	<u>Ownership (circle)</u>
_____	\$ _____	\$ _____	H W JOINT TRUST
_____	\$ _____	\$ _____	H W JOINT TRUST
_____	\$ _____	\$ _____	H W JOINT TRUST
_____	\$ _____	\$ _____	H W JOINT TRUST
Total Value: \$		\$ _____	

BUSINESS INTERESTS

Include all interests in any sole proprietorship, partnership, limited liability company, and closely held corporation stock.

<u>Description</u>	<u>Estimated Fair Market Value</u>	<u>Ownership (circle)</u>
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
_____	\$ _____	H W JOINT TRUST
Total Value: \$		\$ _____

LIFE INSURANCE

<u>Insurance Company</u>	<u>Insured</u>	<u>Death Proceeds</u>	<u>Current Cash Surrender Value</u>	<u>Owner</u>	<u>Beneficiary(ies)</u>
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		
		Total Cash Surrender Value: \$ _____			

ANNUITIES

<u>Annuity Company</u>	<u>Current Cash Surrender Value, or Payment Amount If Annuitized</u>	<u>Owner</u>	<u>Beneficiary(ies)</u>
	\$		
	\$		
	\$		
	\$		
		Total Value: \$ _____	

DEBTS OWED TO YOU

<u>Name of Debtor</u>	<u>Date of Debt</u>	<u>Due Date</u>	<u>Current Balance</u>	<u>Owed To Whom?</u>
			\$	
			\$	
			\$	
			Total: \$ _____	

OTHER PERSONAL PROPERTY

	<u>Estimated Fair Market Value</u>	<u>Lien Pay-off</u>	<u>Ownership</u>
Furniture and Household Goods:	\$ _____	\$ _____	H W JOINT TRUST
Motor Vehicle:	\$ _____	\$ _____	H W JOINT TRUST
Motor Vehicle:	\$ _____	\$ _____	H W JOINT TRUST
Recreational Vehicle:	\$ _____	\$ _____	H W JOINT TRUST
Boat(s):	\$ _____	\$ _____	H W JOINT TRUST
Jewelry:	\$ _____	\$ _____	H W JOINT TRUST
Collections: (Art, Coins, Stamps, Guns, etc.)	\$ _____	\$ _____	H W JOINT TRUST
Other:	\$ _____	\$ _____	H W JOINT TRUST
Total:	\$ <u>_____</u>	\$ <u>_____</u>	

ALL OTHER PROPERTY NOT PREVIOUSLY DESCRIBED

<u>Description</u>	<u>Estimated Fair Market Value</u>	<u>Lien Pay-off</u>	<u>Ownership</u>
_____	\$ _____	\$ _____	H W JOINT TRUST
_____	\$ _____	\$ _____	H W JOINT TRUST
_____	\$ _____	\$ _____	H W JOINT TRUST
_____	\$ _____	\$ _____	H W JOINT TRUST
_____	\$ _____	\$ _____	H W JOINT TRUST
_____	\$ _____	\$ _____	H W JOINT TRUST
_____	\$ _____	\$ _____	H W JOINT TRUST
_____	\$ _____	\$ _____	H W JOINT TRUST
Total:	\$ <u>_____</u>	\$ <u>_____</u>	

DEBTS

<u>Creditor</u>	<u>Pay-off Balance</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total: \$ <u> </u>

Who referred you to our office: _____

Date: _____ Prepared by: _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTS TO OUR OFFICE:

1. Last Will and Testament;
2. Power of Attorney;
3. Most recent statements concerning each life insurance policy and each annuity.
4. Life insurance policies and annuity contracts; and
5. Deeds and any lease concerning any real estate.

Please provide this information to our office prior to our initial conference, if possible.

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