

DEFUR VORAN LLP
CLIENT INFORMATION FORM

SECTION I: PERSONAL INFORMATION

Medicaid Applicant Name: _____
Date of Birth: _____
Social Security No.: _____
Nursing Home: _____
Married: _____ Single: _____ Telephone: _____
Address: _____

If Married:

Spouse's Name: _____ Date of Birth: _____
Social Security No. _____ Date of Marriage: _____

If Single:

Widowed: _____ Divorced: _____ Never Married: _____

If Widowed:

Date of Death: _____ State & County: _____

If Divorced:

Date of Divorce Decree: _____ State & County: _____

Children:

Name: _____
Address: _____
Telephone No.: _____

Name: _____
Address: _____
Telephone No.: _____

Name: _____
Address: _____
Telephone No.: _____

SECTION II: PROPERTY

Real Estate: Address: _____
Purchase Date: _____
Purchase Price: _____
Mortgage Payment: _____
Mortgage Company: _____
Last Property Tax Payment: _____
Names on Property: _____

Address: _____
Purchase Date: _____
Purchase Price: _____
Mortgage Payment: _____
Mortgage Company: _____
Last Property Tax Payment: _____
Names on Property: _____

Address: _____
Purchase Date: _____
Purchase Price: _____
Mortgage Payment: _____
Mortgage Company: _____
Last Property Tax Payment: _____
Names on Property: _____

Vehicles: Make: _____
Model: _____
Year: _____
Loan Balance: _____
Names on Vehicle: _____

Make: _____
Model: _____
Year: _____
Loan Balance: _____
Names on Vehicle: _____

Make: _____
Model: _____
Year: _____
Loan Balance: _____
Names on Vehicle: _____

For additional Real Estate or Vehicles: Please provide the above requested information for any additional real estate or vehicles.

SECTION IV: INCOME

Please provide the income information requested below for the Medicaid applicant, and spouse where applicable. The information should be provided per month.

	<u>Applicant</u>	<u>Spouse</u>
Work Earnings	_____	_____
Social Security	_____	_____
Social Security Disability	_____	_____
Supplemental Security Income	_____	_____
Veterans' Benefits	_____	_____
Private Pension	_____	_____
Annuity Income	_____	_____
Public Employment Pension	_____	_____
Railroad Retirement	_____	_____
Support from Spouse	_____	_____
Regular Support from Others	_____	_____
Unemployment Compensation	_____	_____
Worker's Compensation	_____	_____
Regular Income from Trust	_____	_____
Rental Income	_____	_____
Interest & Dividends	_____	_____
Other Income	_____	_____
Other Income	_____	_____
Other Income	_____	_____

*Please describe the nature of "Other Income."

SECTION VI: EXPENSES

Please answer the following questions regarding your monthly expenses.

Monthly Expenses:

Rent	\$ _____
Mortgage (Including Principle & Interest)	\$ _____
Property Taxes	\$ _____
Homeowner's or Tenant's Insurance	\$ _____
Required Maintenance Charges (Condo or Co-Op)	\$ _____
Electricity	\$ _____
Natural Gas or Other Heat Source	\$ _____
Basic Telephone	\$ _____

List you and your spouse's debts, if any, other than any mortgage.

<u>To Whom</u>	<u>Amount Due</u>
_____	_____
_____	_____
_____	_____
_____	_____

Have either you or your spouse, during the last 90 days, had substantial medical expenses, such as nursing home or hospital bills, which have not been paid and are not expected to be paid by Medicare, Medigap insurance, long-term care insurance, or other insurance?

If yes, please provide details and explain.

SECTION VII: SUPPORT INFORMATION

Support Information:

1. Does a child, parent, or other family member currently live in your home?
2. If yes, is there any portion of your income or the income of your spouse directly or indirectly used to provide all or a portion of their support?
3. If yes, please describe why support is being provided and how the support is handled financially.

4. Please provide the following information for each person to whom you or your spouse are furnishing financial support:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Monthly Support Amt.</u>

5. Have any of your children lived with you during the last two years?
If so, please describe the circumstances of the individual, the reason for the arrangement, and how it was handled financially.

SECTION VIII: OTHER FINANCIAL INFORMATION

1. Do either you or your spouse expect to inherit significant property or have a power of appointment under anyone else's Will or Trust? Yes _____ No _____

If yes, please explain:

2. Are either you or your spouse the beneficiary of any Trust? Yes _____ No _____

If yes, please provide a photocopy or a signed version, if available, or provide whatever information you can regarding the terms and conditions of the trust, identity of the current trustee, amount of principle, etc.

3. Is any of the property or income of you and your spouse the subject of a legal proceeding or ownership dispute, under a lien or court order, or otherwise inaccessible or non-marketable? Yes _____ No _____ If yes, please briefly explain.

4. During the last 60 months, have either you or your spouse made any large gifts (\$1,500 or more in value), placed any property into trust, transferred any real estate or other property for less than fair market value, or removed or added names to joint accounts? Yes _____ No _____ If yes, please list each action, the date and reason for the transfer:

5. To the extent not already noted above, please describe any significant changes that you or your spouse anticipate occurring at any time over the course of the next five years with respect to your personal, marital, or family situation, employment, or financial situation as it relates to your level of income, debt or assets.

6. Are you or your spouse a veteran? Yes _____ No _____
If yes, please provide the following information:

	Client	Spouse
Military Service Serial No.	_____	_____
Dates of Service	_____	_____
VA Claim Number	_____	_____
Branch of Service	_____	_____

Please describe any veteran's benefits you or your spouse are now receiving:

7. Do you have a power of attorney? Yes _____ No _____
Attorney-in-fact: _____

8. Does your spouse have a power of attorney? Yes _____ No _____
Attorney-in-fact: _____

9. If Client is in a nursing home facility, do they hold an account there?
Yes _____ Approximate Amount of Account _____ No _____

LIST OF NEEDED DOCUMENTS

In order to properly assess the right way to assist you in obtaining funding for your long term care, it is essential that we receive the documents requested below

- 1. Copy of Power of Attorney or Guardianship Papers.
- 2. Copy of Health Care Power of Attorney.
- 3. Copy of Last Will and Testament.
- 4. Copy of bank statements for all accounts dating back one year. Please include copies of checks if provided with bank statements. If no checks are available, please include a copy of the check register from all checking accounts.
- 5. Copy of account statements from any other financial accounts held dating back one year, including annuities, brokerage accounts, etc.
- 6. Copy of any life insurance policies owned by the needing long term care and/or their spouse if married. Please include all policies owned, even if insuring children, grandchildren, or others.
- 7. Copy of check stubs from all pensions. (We need documents to verify gross income and demonstrate whether any taxes are withheld.)
- 8. Copy of any documentation verifying any other income received by the applicant.
- 9. Copy of applicant's last three income tax returns including all 1099s.