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**MEDICAID INTAKE FORM
(SINGLE)**

Matter Reference: _____ Client Name: _____

Name of person requesting Medicaid : _____

PERSONAL DATA

1. **Name:** _____
DOB: _____ SSN: _____ - _____ - _____ County: _____
Street Address: _____
City, State, Zip: _____
Day Phone: _____ Eve. Phone: _____ Cell Phone: _____
Email Address: _____
Employer: _____ Retirement Date: _____ Veteran ___ Y ___ N

2. **If you are currently in health care facility:**
Name of Facility: _____
Address: _____
Type of facility: _____ Level of care: _____ Date of Admission _____
Mental Health Status: _____
Physical Health Status: _____
Current source of payments for care: _____
Is the Facility Medicaid Certified? _____

FAMILY

3. **Name(s) of child(ren):**
Name: _____ DOB: _____ Marital Status: _____
Address: _____
Day Phone: _____ Eve. Phone: _____
Email Address: _____

Name: _____ DOB: _____ Marital Status: _____
Address: _____
Day Phone: _____ Eve. Phone: _____
Email Address: _____

Name: _____ DOB: _____ Marital Status: _____
Address: _____
Day Phone: _____ Eve. Phone: _____
Email Address: _____

Name: _____ DOB: _____ Marital Status: _____
Address: _____
Day Phone: _____ Eve. Phone: _____
Email Address: _____

List any special medical, educational, or other extraordinary personal or financial needs
of any of the children _____

Do you have any disabled child(ren): _____ Y ___ N
If so, please provide a description of their needs: _____

**Do any of your children have marital problems, creditor problems, drugs or alcohol
problems?:** _____ Y ___ N
If so, please provide a description: _____

Do you have any predeceased children? _____ Y ___ N
If so, please provide date of death and list any surviving children of predeceased child:

4. **Is anyone dependent upon the client for support? If so, please identify the person,
and provide some general information as to the reason for, and extent of, supported
provided:** _____

5. **Has a child been living in your home with you and provide caretaking services? If so, please provide dates and services provided:** _____

LIVING ARRANGEMENTS

What is your current living arrangement?

Renting a Home	_____
Own/Buying a Home	_____
Nursing Home/Facility	_____
Living w/Relatives	_____
Living w/Friends	_____
Subsidized Housing	_____
Family Member Living with you	_____

PROPERTY

List your own property with estimated fair market values in the broad categories provided. Specify how the property is held. **Please attach a copy of all deeds.**

<u>Family Residence</u>	Value	Ownership
Tax assessed value:	_____	_____
Mortgage Balance:	_____	_____
Type of Mortgage (i.e., reverse?)	_____	_____
Year of Purchase:	_____	_____
Purchase Price:	_____	_____

Other Real Estate

Location: _____

Tax assessed value:	_____	_____
Mortgage Balance:	_____	_____
Year of Purchase:	_____	_____
Purchase Price:	_____	_____

AUTOMOBILE(S)

#1	Year:	_____	_____
	Make:	_____	_____
	Model:	_____	_____
	Loan Balance:	_____	_____
#2	Year:	_____	_____
	Make:	_____	_____
	Model:	_____	_____
	Loan Balance:	_____	_____

HOUSEHOLD MEMBER INFORMATION (list anyone else who lives in your household)

Name: _____ Relationship to You: _____

Name: _____ Relationship to You: _____

Name: _____ Relationship to You: _____

Name: _____ Relationship to You: _____

Do any have a conviction for a felony that involved the possession, use or distribution of a controlled substance? Yes No

A veteran or spouse of a veteran? Yes No

HEALTH INSURANCE

Do you have Medicare benefits? Yes No

If yes, Part A? _____ Part B? _____

Policy Number _____

Effective Date: Part A? _____ Part B? _____

Do you have a Medicare Supplement Health Policy? Yes No

If yes, name and address of company: _____

Do you have Long Term Care Insurance? Yes No

If yes, attach policy or benefit summary page

Do you have Veteran's Benefits health insurance? Yes No

If yes, type/amount of benefits: _____

Branch of Service: _____ Vet's Serial Number: _____

Service Entry Date: _____ Discharge Date: _____

Attach discharge papers.

MEDICAL DATA

A. Health

Diagnosis: _____

Prognosis: _____

Course of Treatment: _____

Has a medical provider told anyone in your household to cut back or limit activities in any way? If yes, explain: _____

B. Physician

Primary Care Physician _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

FINANCIAL INFORMATION

A. Monthly Income

Social Security Benefits \$ _____

Retirement Benefits (Gross) \$ _____

VA Disability Benefit \$ _____

Annuity Income \$ _____

Interest Income \$ _____

Dividend Income \$ _____

Royalty Income \$ _____

IRA Distributions \$ _____

Other Investment Income \$ _____

Rental Income \$ _____

Earned Wages \$ _____

Self-employed earnings \$ _____

Reverse Mortgage Payment \$ _____

In-kind (services vs. rent) \$ _____

Other Income (Please list) \$ _____

D. Monthly Non-Shelter Living Expenses

- \$ _____ Food
- \$ _____ Medical
- \$ _____ Clothing
- \$ _____ Transportation (including auto & auto insurance)
- \$ _____ Life Insurance Premiums
- \$ _____ Health Insurance Premiums
- \$ _____ Federal and State Income Taxes
- \$ _____ Child/Spousal Support
- \$ _____ Dependent Care
- \$ _____ Medicare Payment
- \$ _____ Special Needs Payments (for elderly or disabled household member)
- \$ _____ Work-related Expenses (uniforms, tools, etc)
- \$ _____ Other (list: _____)
- \$ _____ **TOTAL MONTHLY NON-SHELTER EXPENSES**

E. GIFTS

Please list all gifts made in the last 5 years in excess of \$1,000 made to any individual or group of individuals (**attach separate sheet if necessary**). **Gifts include cash gifts, transfers of real property (land, buildings, etc), personal property(cars, boats, jewelry, artwork, etc), annuity funds, burial insurance policy funds, life insurance funds, etc. A gift also includes a loan or credit card payments made for another person. For example, a gift occurs if the parent makes a payment on existing student loan or credit card for a child.**

Recipient _____ Date _____ Amount \$ _____

Recipient _____ Date _____ Amount \$ _____

Recipient _____ Date _____ Amount \$ _____

Recipient _____ Date _____ Amount \$ _____

Recipient _____ Date _____ Amount \$ _____

Recipient _____ Date _____ Amount \$ _____

Recipient _____ Date _____ Amount \$ _____

LIFE INSURANCE (attach copies of last statement)

Name of Insured Person: _____

Name of Policy Owner: _____

Type of Insurance: _____ Policy #: _____

Name of Insurance Company: _____

Address of Insurance Company: _____

Date Purchased: _____

Face Value: _____ Cash Surrender Value: _____

Have you borrowed on the above life insurance policy? Yes No

Has any money been added to the account within the past 24 mos. Yes No

Have you or anyone in your household received a lump sum payment such as a lawsuit settlement, insurance settlement, etc. Yes No

ANNUITY CONTRACT(S)

Name of Annuitant: _____ Policy #: _____

Name of Policy Owner: _____ Name of Annuity Co. _____

Name(s) of Beneficiaries: _____

Address of Annuity Company: _____

Date Purchased: _____ Amount of Initial Premium: _____

Current Value: _____ Death Benefit: _____

BURIAL ARRANGEMENTS (attach copies of contract or services that will be provided)

Do you have a cemetery deed? Yes No

Do you have a funeral home contract? Yes No

Do you have an insurance company contract? Yes No

Is a bank or any other person holding money for you to be used for funeral expenses? Yes No

MISCELLANEOUS

- A. Have you made a will, signed a trust, powers of attorney, or other estate planning documents? Yes No
- B. Do you anticipate receiving an inheritance? Yes No
Approximate size? _____
- C. Are you a trust beneficiary? Yes No

ASSETS

Please attach a financial statement form or complete the following worksheet. Please list the value of the following assets owned by you, your spouse, or jointly. It is not necessary to provide the exact value of each asset; an approximation or average balance is sufficient. If you have any questions about the information requested below, please feel free to make a note and I will discuss it with you in detail when we meet.

Cash _____

Checking Accounts _____

Savings Accounts _____

CDs _____

Money Market Funds _____

Stocks & Stock Funds _____

Retirement Funds _____

401(k) Plans _____

IRAs _____

Annuities _____

Mutual Funds _____

Primary Residence _____

Secondary Residence _____

Other Real Estate _____

Copyrights, Royalties, Patents,
Trademarks, and other Tangible Rights _____

Life Insurance-Death Value _____

Life Insurance-Cash Value	_____
Motor Vehicles	_____
Boats	_____
Loans to family members	_____
Sports and Hobby Equipment	_____
Household Possessions (Antiques, artwork, jewelry, collections, etc.)	_____
Interests in Trusts	_____
Family Business	_____
Other Business Interests	_____
Safe Deposit Box	_____
Contract of Sale	_____
Income Tax Refund	_____
Other	_____
TOTAL ASSETS	_____

LIABILITIES

Real Estate Mortgage	_____
Auto Loans	_____
Business Loans	_____
Reverse Mortgage	_____
Other Long-term Debt	_____
Credit Card Debt	_____
Personal Loans	_____
Other Short-term Debt	_____
TOTAL LIABILITIES	_____

YOU MUST ATTACH THE LAST SIX ACCOUNT STATEMENTS FOR EACH BANK, INVESTMENT, RETIREMENT OR LIFE INSURANCE ACCOUNT AND COPIES OF DEEDS TO YOUR REAL PROPERTY

PLEASE ATTACH COPIES OF TRUSTS, WILLS, AND POWERS OF ATTORNEY.

From what sources did you hear about our Law Offices? _____

I hereby represent to The Law Offices of Bradley J. Frigon, that the information contained in this intake form is accurate and complete, and I understand the law firm will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Dated: _____.

Name of person who prepared this form

Signature