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## LAW OFFICES OF BRADLEY J. FRIGON

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### MEDICAID INTAKE FORM (SINGLE)

Matter Reference: \_\_\_\_\_ Client Name: \_\_\_\_\_

Name of person requesting Medicaid : \_\_\_\_\_

#### PERSONAL DATA

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

- 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: \_\_\_\_\_  
\_\_\_\_\_

**Does 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?	<b>Husband</b>	<b>Wife</b>
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>	<u>Value</u>	<u>Ownership</u>
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: \_\_\_\_\_

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

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) \$ \_\_\_\_\_  
**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

If there is a pension, please list the *gross pension amount* (the dollar amount prior to taking out monies for federal income taxes, health insurance, or any other reason).

Will anyone receive a survivor's benefit? Yes  No   
 Could this pension amount increase in the future? Yes  No

**B. Monthly Facility Expenses (if applicable)**

\$ \_\_\_\_\_ Monthly Facility Expense  
 \$ \_\_\_\_\_ Monthly Prescription Expenses  
 \$ \_\_\_\_\_ Monthly Utility Expenses (telephone, cable TV, etc)  
 \$ \_\_\_\_\_ Monthly Other Expenses (list: \_\_\_\_\_)  
 \$ \_\_\_\_\_ **TOTAL MONTHLY FACILITY EXPENSES**

The facility is currently paid through \_\_\_\_\_ (month/year).

**C. Monthly Shelter Expenses**

**(To determine monthly expenses, divide annual expenses by 12 and quarterly expenses by 3)**

\$ \_\_\_\_\_ Rent/Mortgage  
 \$ \_\_\_\_\_ Real Estate Taxes  
 \$ \_\_\_\_\_ Water  
 \$ \_\_\_\_\_ Sewer  
 \$ \_\_\_\_\_ Utilities (Heat, Electric & Telephone)  
 \$ \_\_\_\_\_ Home Maintenance  
 \$ \_\_\_\_\_ Cable TV

\$ \_\_\_\_\_ Homeowner's insurance premium  
 \$ \_\_\_\_\_ Condominium fees  
 \$ \_\_\_\_\_ **TOTAL MONTHLY SHELTER EXPENSES**

**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	_____
<b>TOTAL ASSETS</b>	_____

**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