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Preliminary Medicaid Questionnaire

Date _____

Name and phone number of person filling out questionnaire:

Name: _____

Phone numbers: Home _____ Work _____ Cell _____

Email address: _____

Is the person who is the subject of this questionnaire Married Not Married

Personal Information		
	Medicaid Applicant	Spouse
Name		
Street Address		
City, State, Zip		
Date of Birth		
Date of Marriage		

Is the Medicaid Applicant or spouse a veteran or the dependent or parent of a veteran?

Yes No

Indicate what estate plan documents you currently have:

Will Revocable Trust Durable Power of Attorney for Finances
 Durable Power of Attorney for Healthcare (Patient Advocate) Other (Please describe)

Current Living Situation

Where does the Medicaid Applicant Live?

Apartment Nursing Home Private Residence Assisted Living

Who does the Medicaid Applicant live with? Alone Spouse Other (Please describe):

Name: _____ Relationship: _____

Current Housing and Cost of Care Expenses		
	Medicaid Applicant	Spouse
Mortgage		
Rent		
Utilities		
Taxes		
In-Home Care		
Assisted Living		
Nursing Home		
Other		

If Medicaid Applicant or spouse is currently in a nursing home, please provide the following information:

Name and address of nursing home: _____

The nursing home resident entered the nursing home:

Directly from the community - date of admission _____

Following a hospital stay – date of admission to hospital _____

Has any of the nursing home residents stay been covered by Medicare? Yes No

If yes, indicate the date coverage ended or is expected to end: _____

Monthly Income Information		
	Medicaid Applicant	Spouse
Employment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Other	\$ _____	\$ _____

Medical Coverage Information

Medicare coverage: Applicant Spouse

Medicare Part D coverage: Applicant Spouse

Private Health Insurance: Applicant Spouse:

Name of Insurance Company: _____

Cost per month of private health insurance: \$ _____

Long-term care insurance coverage Applicant Spouse

Monthly costs for uncovered pharmaceutical expenses:

Applicant: \$ _____

Spouse: \$ _____

Monthly uncovered medical expenses (other than pharmaceutical):

Applicant: \$ _____

Spouse: \$ _____

FINANCIAL INFORMATION

Bank Accounts – Attach Current Statements			
Financial Institution	Name(s) on Account	Type of Account (check/svgs/cd)	Approximate Balance

Stocks Bonds and Investments – Attach Current Statements		
Name of Stock, Bond, or Brokerage Firm	Name(s) on A ccount	Approximate Balance

Retirement Accounts – Attach Current Statements			
Type of Account (401k, IRA, Etc)	Name of Owner	Institution Where Account is Held	Approximate Balance

Life Insurance – Attach Current Statements)				
Name of Company	Policy No	Name of Owner	Face Value	Cash Surrender Value

Annuities – Attach Current Statements)				
Name of Company	Date Purchased	Name of Owner	Cash Surrender Value	In Pay Status (Y or N)

Cars, Boats, Other Titled Assets – Attach Copies of Titles			
Type of Vehicle (Year and Make)	Name of Owner	Mileage	Approximate Value

Other Assets – Attach Relevant Documents		
Type of Asset	Name(s) of Owners	Approximate Value
Promissory Note		
Land Contract (Seller's Interest)		
Collection (Art, Coins, Etc)		
Funeral Arrangements		
Burial Space		

Real Estate				
Description	Address	Name(s) on Deed	SEV	Lived on Property

For each parcel, indicate the type of property (home, farm, rental, vacation, etc.), address, Names on the deed, State Equalized Value, and whether you currently live or have lived on the property.

Existing Debt			
Type of Debt	Name of Creditor	Name of Debtor	Approximate Balance
Credit Card #1			
Credit Card #2			
Credit Card #3			
Mortgage			
Car Loan			

During the last five years, have you transferred any asset to someone other than your spouse for less than fair market value? If so, please provide the following information:

Asset Transferred	Names of Persons Receiving the Asset	Date of Transfer	Approximate Value

During the last five years, have you added the name of someone other than your spouse as an owner of any asset? If so, please provide the following information:

Asset	Names of Persons Added	Date of Change	Approximate Value

During the last five years, have you transferred any asset into a trust or trust-like arrangement?

- Yes – Please provide a copy of the trust and all information concerning the transfer
- No