Estate & Financial Information Questionnaire

Date: _____

Person supplying answers to these questions:

☐ **Husband** ☐ Wife ☐ Other (Relationship: _____)

If other: Name _____

Address: _____

Phone-Day: _____Night: _____Mobile: _____

Fax: _____ Email: _____

Husband	**Wife**
Name: (First, Middle & Last)	Name: (First, Middle & Last)
Date of Birth:	Date of Birth:
Social Security No.:	Social Security No.:
Home Address: County:	Home Address: County:
Phone (Day): Phone (Evening): Phone (Mobile): Fax or Email:	Phone (Day): Phone (Evening): Phone (Mobile): Fax or Email:
Living Arrangements: ☐ Own Home ☐ Rent House/Apt. ☐ Rent-Assisted Living ☐ No Rent - Home of _____ ☐ Nursing Facility: _____ Who else lives there (if not Nursing Home or ALF):	Living Arrangements: ☐ Own Home ☐ Rent House/Apt. ☐ Rent-Assisted Living ☐ No Rent - Home of _____ ☐ Nursing Facility: _____ Who else lives there (if not Nursing Home or ALF):
Citizenship:☐U.S.☐Resident Alien ☐Neither	Citizenship:☐U.S.☐Resident Alien ☐Neither
Marital History: ☐ Married for ____ years ☐ No previous Marriage ☐ Previously married: Name of previous spouse _____ previous marriage ended in ☐ Divorced: Date: _____ County: _____ ☐ Death - Date of Death _____	**Marital History:** ☐ Married for ____ years ☐ No previous Marriage ☐ Previously married: Name of previous spouse _____ previous marriage ended in ☐ Divorced: Date: _____ County: _____ ☐ Death - Date of Death _____

List below your children. If a child of yours has died, also list his or her children (your grandchildren):

Full Name	**Address**	**Phones**	**Disabled?[2]**	**Age**	**Whose?**
Married? ☐ Yes ☐ No			☐ Yes ☐ No ☐ Uncertain		
Married? ☐ Yes ☐ No			☐ Yes ☐ No ☐ Uncertain		
Married? ☐ Yes ☐ No			☐ Yes ☐ No ☐ Uncertain		
Married? ☐ Yes ☐ No			☐ Yes ☐ No ☐ Uncertain		
Married? ☐ Yes ☐ No			☐ Yes ☐ No ☐ Uncertain		
Married? ☐ Yes ☐ No			☐ Yes ☐ No ☐ Uncertain		
Married? ☐ Yes ☐ No			☐ Yes ☐ No ☐ Uncertain		

Who now is providing significant assistance to for

Husband - ☐Name(s): ____

Wife - ☐Name(s): ____

Attorney use only:

Notes regarding family and other sources of support, conflict or difficulty

____

____

____

____

[2] A person is "disabled" for this purpose if he or she is unable, due to physical or mental disability, to engage in substantial gainful employment that exists in significant numbers in the national economy. If the person is presently receiving Social Security Disability, Supplemental Security Income (SSI), or Medicaid assistance for long term care, he or she does meet this requirement.

Nursing Home/Hospital Information Pertaining to Husband (if applicable)

Please include all nursing homes, hospitals and rehabilitation facilities utilized by the husband on or after September 30, 1989:

Date In	Date Out	Name of Facility (&place if not Houston)	NH	Hosp	Rehab

If either is in a nursing home now – Is Medicare paying for your nursing home stay now?

☐ Yes ☐ No

Nursing Home/Hospital Information Pertaining to Wife (if applicable)

Please include all nursing homes, hospitals and rehabilitation facilities utilized by the husband on or after September 30, 1989:

Date In	Date Out	Name of Facility (&place if not Houston)	NH	Hosp	Rehab

Anticipated Future Need for Long Term Care

Husband	Wife
Hospital: ☐> 6mos ☐1-6 ms. ☐<1 mo.	Hospital: ☐> 6mos ☐1-6 ms. ☐<1 mo.
Nursing Home: ☐> 6mos ☐1-6 ms. ☐<1 mo.	Nursing Home: ☐> 6mos ☐1-6 ms. ☐<1 mo.
Assisted Living: ☐> 6mos ☐1-6 ms. ☐<1 mo.	Assisted Living: ☐> 6mos ☐1-6 ms. ☐<1 mo.
Home Care: ☐> 6mos ☐1-6 ms. ☐<1 mo.	Home Care: ☐> 6mos ☐1-6 ms. ☐<1 mo.

Life Expectancy

Husband	Wife
☐ No Know Limit	☐ No Know Limit
☐ Less than 6 months according to Dr.	☐ Less than 6 months according to Dr.
☐ Uncertain whether limited	☐ Uncertain whether limited
☐ Other: _____	☐ Other: _____

Do you (or either of you) have one or more living children? ☐ Yes ☐ No
Do you have any grandchildren who are children of a deceased child of yours? ☐ Yes ☐ No

Physical/Mental Condition of Husband: **Diagnoses:** _____ _____ _____ _____ _____	**Physical/Mental Condition of Wife:** **Diagnoses:** _____ _____ _____ _____ _____
Activities you need help with (check all that apply): ☐ Dressing ☐ Bathing ☐ Toileting ☐ Transferring ☐ Eating ☐ Continence ☐ Medications ☐Walking _____ _____ _____ _____	**Activities you need help with (check all that apply):** ☐ Dressing ☐ Bathing ☐ Toileting ☐ Transferring ☐ Eating ☐ Continence ☐ Medications ☐Walking _____ _____ _____ _____
Mental Status (Check all that apply, even if only from time to time): Recognize friends & family:☐ Yes☐ No☐ Sometimes Can describe own property:☐ Yes☐ No☐ Sometimes Can name all family members:☐ Yes☐ No☐ Sometimes Comments:_____ _____ _____ _____ _____ _____ _____	**Mental Status (Check all that apply, even if only from time to time):** Recognize friends & family:☐ Yes☐ No☐ Sometimes Can describe own property:☐ Yes☐ No☐ Sometimes Can name all family members:☐ Yes☐ No☐ Sometimes Comments:_____ _____ _____ _____ _____ _____ _____

Attorney use only: Medicaid "medical necessity"? ☐Yes☐No ☐Uncertain Capacity to sign POA's? ☐ Yes ☐ No ☐ Uncertain Capacity to sign Will? ☐ Yes ☐ No ☐ Uncertain Capacity to make gifts? ☐ Yes ☐ No ☐ Uncertain	Attorney use only: Medicaid "medical necessity"? ☐Yes☐No ☐Uncertain Capacity to sign POA's? ☐ Yes ☐ No ☐ Uncertain Capacity to sign Will? ☐ Yes ☐ No ☐ Uncertain Capacity to make gifts? ☐ Yes ☐ No ☐ Uncertain

Your Medical Expense

Monthly Medical Expense	**Husband**	**Wife**
Nursing Home or Assisted Living Facility (if any) Cost:		
Medications (out of pocket expense):		
☐ Medicare Part A ☐ Medicare Part B ☐ Medicare Part D		
Medicare Supplement Insurance (or HMO) Company - Husband: _____ Company - Wife: _____		
☐ Long Term Care Insurance:		
Other out of pocket Medical Expenses:		

Military Service

Have you or your spouse, parent(s) or deceased child(ren) ever been in the armed forces?

☐ YES ☐ NO If yes, please provide the following:

Veteran's Name	Service No./Branch	Dates of Service	Type of Discharge*
			H ☐ G ☐ D ☐
			H ☐ G ☐ D ☐
			H ☐ G ☐ D ☐

***H=Honorable G=General D=Dishonorable**

Information Concerning your residence, if owned by you:

Deed is in the name of ☐ Husband ☐ Wife ☐ Both Husband & Wife
Other ownership: _____
Estimated fair market value (tax appraised value if known): $ _____
Amount owed on the mortgage: ☐ Nothing (paid off) ☐ Presently owe $_____
Location: _____
Who lives there now?☐ Husband ☐ Wife ☐ Both Husband & Wife ☐ Other: _____
_____
Does unmarried son or daughter live there ? ☐ Yes ☐ No
Does a son or daughter who has provided care for your for 2 years live there ? ☐ Yes ☐ No
Other information concerning the residence that may be important:

_____
_____
_____
_____

Information Concerning Your Other Assets

Definition of "Snapshot Date" and "Snapshot Value": On the first day of the first month when one spouse goes into a "medical institution" and stays at least 30 days, the Medicaid program takes a "snapshot" of all assets of both husband and wife. A "medical institution" is defined as hospital, nursing home or rehabilitation facility (but not an Assisted Living Facility), and when there is a transfer from one medical institution directly to another, the time spent in both facilities counts toward the 30 days. Therefore, if one spouse went into a hospital on September 30, 1999 then transferred directly to a nursing home on October 10, 1999 and stayed in the nursing home at least through October 30, 1999, the "snapshot date" is September 1, 1999. *If there is not a "snapshot date" for either spouse, disregard the "snapshot date" question below. If both have snapshot dated, fill in the blank for both spouses.*

******If uncertain about Snapshot date, we will help determine it at your conference******

"Snapshot date" for Husband if any: _____

"Snapshot date" for Wife if any: _____

Note: When you place values on the assets below, provide net values (subtract anything you owe on the property). Life insurance is valued at Cash Surrender Value.

Resource Description	Title[1]	Snapshot Value	Most Recent Value Amount	Most Recent Value Date
Residence:				
Most Valuable Vehicle[2]:				
Vehicle 2:				
Vehicle 3:				
Vehicle 4:				
Gravesite/Marker:				
Prepaid Funeral Contracts:				
Prepaid Funeral Contracts:				
Household Goods:				
Checking Accounts				
Savings ***not*** in IRA's:				
CD's ***not*** in IRA's:				
Money Markets ***not*** in IRA's:				

[1]Indicate "H" for Husband, "W" for Wife, "HW" for both Husband and Wife. Leave black if uncertain. Please explain on the back if someone other than Husband and Wife own an interest in any asset.

[2]Enter year, make, model for all vehicles. Include any motorcycles, boats, trailers or RVs.

Resource Description	Title[1]	Snapshot Value	Most Recent Value Amount	Most Recent Value Date
Stocks/Bonds:				
Untaxed Retirement Accounts (such as 401K's IRA's & "Qualified" Annuities) Company Name:				
Tax-Deferred (Non-qualified) Annuities Company Name:				
Safe Deposit Box:				
1st Bank Location:				
Contents:				
Patient Trust Fund:				

Life Insurance: Company Name	Insured	Policy Owner	Face Value	Snapshot cash value	Current cash value

Indicate "H" for Husband, and "W" for Wife, "HW" for both Husband and Wife. Leave blank if uncertain. Please explain on the back if someone other than Husband and Wife own an interest in any asset.

Resource Description	Title 1	Snapshot Value	Most Recent Value Amount	Most Recent Value Date
Notes Receivable:				
Real Estate (Other Than Residence):				
☐ Tax-Appraised Value if any or ☐ 40X avg. Monthly Income				
Gas / Oil / Mineral Rights:				
County:				
Other (Describe):				
Attorney use only: Total Countable Resources:				

Your Debts

DEBTS:	Amount
Homestead Debt:	
Other Secured Debt:	
Unsecured Debt:	
Unsecured Debt:	
Attorney use only: Total debts: Net (after debts) countable resources:	

Do you own one or more credit cards? ☐ Yes ☐ No

[1] Indicate "H" for Husband, "W" for Wife, "HW" for both Husband and Wife. Leave blank if uncertain. Please explain on the back if someone other than Husband and Wife own an interest in any asset.

Your Income

FIXED INCOME:	**Husband**	**Wife**
Social Security: Net Monthly Payment:		
Medicare Part B premium:		
Medicare Part D premium:		
SSI:		
VA:		
Railroad Retirement:		
Civil Service Annuities:		
Other Retirement:		
Pension:		
Annuities:		
Other Fixed Income:		
Attorney use only: Total fixed:		
VARIABLE INCOME:	**Husband**	**Wife**
Gross Earned Income:		
Interest:		
Dividends:		
Stocks & Bonds:		
Rental/Notes:		
Oil & Gas:		
Farm Income:		
Other Income:		
Attorney use only Total variable: **Total income:**		

POSSIBLE DEDUCTIONS:	
Taxes withheld from income (monthly):	
Monthly health insurance premium:	

Husband	Wife
Are you the beneficiary of a trust? ☐ Yes ☐ No **Transferred assets to a trust?** ☐ Yes ☐ No **Anticipate an inheritance?** ☐ Yes ☐ No **Received an inheritance?** ☐ Yes ☐ No (If Yes, be sure anything you still own is listed among your other assets above.) **Have you transferred cash or anything as a gift, for less than fair market value, in the last 5 years?** ☐ Yes ☐ No **If Yes, Recipient:** _____ Asset description: _____ Date:_____ Value:$_____ Received in return: ☐ Nothing (Gift) ☐ $_____Cash ☐ Other: _____ Was the transfer motivated, at least in part, by need for Medicaid eligibility? ☐ Yes ☐ No If No, explain purpose(s) of transfer: _____	**Are you the beneficiary of a trust?** ☐ Yes ☐ No **Transferred assets to a trust?** ☐ Yes ☐ No **Anticipate an inheritance?** ☐ Yes ☐ No **Received an inheritance?** ☐ Yes ☐ No (If Yes, be sure anything you still own is listed among your other assets above.) **Have you transferred cash or anything as a gift, for less than fair market value, in the last 5 years?** ☐ Yes ☐ No **If Yes, Recipient:** _____ Asset description: _____ Date:_____ Value:$_____ Received in return: ☐ Nothing (Gift) ☐ $_____Cash ☐ Other: _____ Was the transfer motivated, at least in part, by need for Medicaid eligibility? ☐ Yes ☐ No If No, explain purpose(s) of transfer: _____

Husband	Wife
If Yes, Recipient: _____ Asset description: _____ Date:_____ Value:$_____ Received in return: ☐ Nothing (Gift) ☐ $_____Cash ☐ Other: _____ Was the transfer motivated, at least in part, by need for Medicaid eligibility? ☐ Yes ☐ No If No, explain purpose(s) of transfer: _____	**If Yes, Recipient:** _____ Asset description: _____ Date:_____ Value:$_____ Received in return: ☐ Nothing (Gift) ☐ $_____Cash ☐ Other: _____ Was the transfer motivated, at least in part, by need for Medicaid eligibility? ☐ Yes ☐ No If No, explain purpose(s) of transfer: _____
If Yes, Recipient: _____ Asset description: _____ Date:_____ Value:$_____ Received in return: ☐ Nothing (Gift) ☐ $_____Cash ☐ Other: _____ Was the transfer motivated, at least in part, by need for Medicaid eligibility? ☐ Yes ☐ No If No, explain purpose(s) of transfer: _____	**If Yes, Recipient:** _____ Asset description: _____ Date:_____ Value:$_____ Received in return: ☐ Nothing (Gift) ☐ $_____Cash ☐ Other: _____ Was the transfer motivated, at least in part, by need for Medicaid eligibility? ☐ Yes ☐ No If No, explain purpose(s) of transfer: _____

Questions concerning legal documents

Document	Husband	Attorney use only: Adequate?	Wife	Attorney use only: Adequate?
Will	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain
Durable Power of Attorney (Financial)	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain
Power of Attorney for Health Care	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain
Directive to Physicians (Living Will)	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain
Court Appointed Guardianship/Estate	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain
Living (Revocable) Trust	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain
Documents funding Trust (deeds, etc.)	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain	☐ Yes ☐ No ☐ Uncertain

Attorney use only – Notes concerning legal documents:

Attorney use only:

Goals of client:

☐ Acquire the best possible long term care, within his/her financial ability
☐ Protect Family Assets/Inheritance:
☐ Acquire effective wills and powers of attorney
☐ Protect a child or other person with a disability
☐ Other: _____