

CONFIDENTIAL

MEDICAID PLANNING QUESTIONNAIRE

The requested information is necessary for us to evaluate and to use in making recommendations for Medicaid Planning.

Please make sure the information is complete and accurate.

It is helpful if we can have this information prior to our office conference with you, so we will have an opportunity to review the information in advance. Please deliver, fax, email, or mail this information to us when completed.

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TO BE COMPLETED BY OR ON BEHALF OF THE MAEDICAID APPLICANT

PART I – FAMILY INFORMATION

Name: _____ Birth Date: ____/____/____ U.S. Citizen? Yes / No
First, Middle Initial, Last

Address: _____
Social Security Number: ____-____-____

Home Phone #: _____ Work Phone #: _____

If Married:

Spouse's Name: _____ Birth Date: ____/____/____ U.S. Citizen? Yes / No
First Middle Initial Last

Date of Marriage: _____ Social Security Number: ____-____-____

If Single:

Widowed: _____ Date: _____ State & County: _____
Divorced: _____ Date: _____ State & County: _____

Never Married: _____

Who do we communicate with? _____ Phone#: _____
Address: _____

POA or Guardian? _____

CHILDREN

<u>Child's Name</u>	<u>Child of:</u> <u>(Both/Husband/Wife)</u>	<u>Age</u>	<u>Address</u>
_____ First Middle Initial Last	<u>(Both/Husband/Wife)</u>	_____	_____ _____ _____
_____ First Middle Initial Last	<u>(Both/Husband/Wife)</u>	_____	_____ _____ _____
_____ First Middle Initial Last	<u>(Both/Husband/Wife)</u>	_____	_____ _____ _____
_____ First Middle Initial Last	<u>(Both/Husband/Wife)</u>	_____	_____ _____ _____

PART II – PROPERTY AND OWNERSHIP

REAL ESTATE

Include your residence and all other real estate in which you have an interest in Indiana or any other state or country.

<u>Description/Address</u>	<u>Mortgage Payment</u>	<u>Lien Holder</u>	<u>Assessed Value</u>	<u>Ownership (Circle)</u>
_____	\$ _____		\$ _____	H W JOINT with _____
_____	\$ _____		\$ _____	H W JOINT with _____
_____	\$ _____		\$ _____	H W JOINT with _____
Total: \$ _____				

VEHICLES

(Cars, trucks, boats, recreational vehicles, trailers, etc.)

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Loan Balance</u>	<u>Lien Holder</u>	<u>Ownership (Circle)</u>
_____			\$ _____		H W JOINT with _____
_____			\$ _____		H W JOINT with _____
_____			\$ _____		H W JOINT with _____
_____			\$ _____		H W JOINT with _____
_____			\$ _____		H W JOINT with _____

CHECKING, SAVINGS, CERTIFICATES OF DEPOSIT, MONEY MARKET ACCOUNTS

<u>Institution/Description</u>	<u>Type of Account</u>	<u>Account Number</u>	<u>Balance</u>	<u>Ownership (Circle)</u>
_____			\$ _____	H W JOINT with _____
_____			\$ _____	H W JOINT with _____
_____			\$ _____	H W JOINT with _____
_____			\$ _____	H W JOINT with _____
_____			\$ _____	H W JOINT with _____
TOTAL \$ _____				

STOCKS, BONDS, MUTUAL FUNDS, INVESTMENT ACCOUNTS

<u>Institution/Description</u>	<u>Present Value</u>	<u>Ownership (Circle)</u>
_____	\$ _____	H W JOINT with _____
_____	\$ _____	H W JOINT with _____
_____	\$ _____	H W JOINT with _____
_____	\$ _____	H W JOINT with _____
TOTAL \$ _____		

RETIREMENT PLANS AND ACCOUNTS

(Pension, Profit Sharing, Retirement Annuities, 401k, 403b, H.R. 10, IRA)

<u>Company or Custodian</u>	<u>Type of Plan</u>	<u>Value</u>	<u>Beneficiary(ies)</u>	<u>Ownership (Circle)</u>
_____		\$ _____		H W JOINT with _____
_____		\$ _____		H W JOINT with _____
_____		\$ _____		H W JOINT with _____
_____		\$ _____		H W JOINT with _____
_____		\$ _____		H W JOINT with _____
TOTAL \$ _____				

BUSINESS INTERESTS

Include all interests in sole proprietorship, partnership, limited liability company, and closely held corporation stock.

<u>Description</u>	<u>Estimated Fair Market Value</u>	<u>Ownership (Circle)</u>
_____	\$ _____	H W JOINT with _____
_____	\$ _____	H W JOINT with _____
TOTAL \$ _____		

PREPAID FUNERAL PLANS/BURIAL INSURANCE/BURIAL ACCOUNTS

<u>Funeral Home/Insurance Company</u>	<u>Owner</u>	<u>Amount</u>
		\$ _____
		\$ _____

<u>Burial space/plot</u>	<u>Owner</u>

LIFE INSURANCE

Include all life insurance furnished by your employer, all group life insurance, all life insurance that would pay your mortgage or other debts, and all other policies.

<u>Insurance Company</u>	<u>Owner</u>	<u>Death Proceeds</u>	<u>Cash Surrender Value</u>	<u>Premium</u>
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
		\$ _____	\$ _____	\$ _____
TOTAL: \$		\$ _____	\$ _____	

For each life insurance policy listed above, please attach a list of the beneficiary(ies) under each policy.

ANNUITIES

<u>Company</u>	<u>Current Cash Surrender Value or Payment Amount If Annuitized</u>	<u>Owner</u>	<u>Beneficiary(ies)</u>
	\$ _____		
	\$ _____		
	\$ _____		
TOTAL: \$		_____	

INCOME

(Social Security, Pensions, Rental Income, etc.)

<u>Source</u>	<u>Gross Amount</u>	<u>Net Amount</u>	<u>Automatic Deposit?</u> <u>(Circle)</u>	<u>Whose Income?</u> <u>(Circle)</u>
_____	\$ _____	\$ _____	Yes or No	H W
_____	\$ _____	\$ _____	Yes or No	H W
_____	\$ _____	\$ _____	Yes or No	H W
_____	\$ _____	\$ _____	Yes or No	H W
_____	\$ _____	\$ _____	Yes or No	H W
_____	\$ _____	\$ _____	Yes or No	H W

HEALTH INSURANCE

<u>Company</u>	<u>Premium</u>	<u>Auto Withdrawal?</u> <u>(Circle)</u>	<u>Whose Insurance?</u> <u>(Circle)</u>
_____	\$ _____	Yes or No	H W
_____	\$ _____	Yes or No	H W
_____	\$ _____	Yes or No	H W
_____	\$ _____	Yes or No	H W