



**estate preservation network®**

Protecting tomorrow's legacy. Today.

Check One: ☐ **Single Applicant**  
☐ **Married Applicant**

## QUESTIONNAIRE AND CERTIFICATION for a *potential* **MEDICAID APPLICANT**

To **succeed** with your Medicaid Application, **you** and **we** must determine if your loved one (the "Medicaid Applicant") meets Medicaid Eligibility is several critical areas detailed below. To get started, please **fill in the blanks** below **completely** and **check** ☐ **Yes** or ☐ **No** whether or not the Applicant and **if married**, the Spouse, has any of the following resources or issues.

**Send this completed form to us** in order to receive your **FREE Consultation**:

**FAX: (512) 260-2114 or Email: [Info@TheEPN.com](mailto:Info@TheEPN.com)**

### 1. **MEDICAL NECESSITY:**

Does your loved one have a Medicare Supplement? ☐ **Yes** ☐ **No**

Does your loved one: Have Dementia or Alzheimer's? ☐ **Yes** ☐ **No**

Can Applicant schedule, dispense and correctly take required medications on their own? ☐ **Yes** ☐ **No**

Does Applicant need assistance with bathing, toileting, dressing, eating, walking, etc.? ☐ **Yes** ☐ **No**

Does your loved one have other severe illnesses like COPD, Diabetes, Parkinson's, etc.? ☐ **Yes** ☐ **No**

### 2. **INCOME:**

The Medicaid Applicant's Income limit is **Gross (before deductions) \$2,199 per month**

List all monthly income for your loved one: Social Security: \$ \_\_\_\_\_

**Other Monthly income** (TRS, Civil Service, former employment, Annuity, etc.): \$ \_\_\_\_\_

(If Gross Income is **not known**, use Net Income)

**APPLICANT'S TOTAL MONTHLY INCOME: \$** \_\_\_\_\_

*If Married*, **APPLICANT SPOUSE'S TOTAL MONTHLY INCOME: \$** \_\_\_\_\_

### 3. **RESOURCES:** Maximum limit for Applicant's "Countable Resources" is **\$2,000**;

**however, if a Spouse is at Home**, the Spouse is allowed to **Protect some Resources**. Complete and submit this questionnaire in order for us to *estimate* the percentage of assets that the Spouse may be able to protect.

These resources "**count**":

Theses resources **may NOT** "count":

#### **ADD ALL Separate property and Jointly Owned Assets as of the last day of last month:**

Cash on Hand: \$ \_\_\_\_\_ All Bank Accounts: \$ \_\_\_\_\_

All savings accounts: \$ \_\_\_\_\_ U.S. Savings Bonds: \$ \_\_\_\_\_

All CD's, IRA's and Annuities: \$ \_\_\_\_\_

Investments (Stocks/Bonds): \$ \_\_\_\_\_

Real Estate **other than** the Home: \$ \_\_\_\_\_

Cash Value Life Insurance Policies: \$ \_\_\_\_\_

**TOTAL COUNTABLE RESOURCES:** \$  

#### **Does Applicant have any of these other Resources?**

A Home? ☐ **Yes** ☐ **No** Value: \$ \_\_\_\_\_

Car(s)? # of Cars: \_\_\_\_\_ ☐ **Yes** ☐ **No**

Pre-Paid Funeral Plan? ☐ **Yes** ☐ **No**

A Burial Plot? ☐ **Yes** ☐ **No**

Life Insurance Policy(s)? ☐ **Yes** ☐ **No**

Number of Life Policies: \_\_\_\_\_

Total Death Benefit: \$ \_\_\_\_\_

### 4. **FINAL QUESTIONS:** *To the best of your knowledge:*

A. Has applicant made any **gifts or transfers** of over \$500.00 to anyone in the last 5 years? ☐ **Yes** ☐ **No**

B. Has a home or other major asset been transferred or sold for **less** than fair market value in the last 5 years? ☐ **Yes** ☐ **No**

C. Does Applicant **receive** any Oil, Gas or Mineral Rights payments **or own** any such rights? ☐ **Yes** ☐ **No**

D. Does Applicant have a Trust? ☐ **Yes** ☐ **No**

### **APPLICANT CERTIFICATION**

**I certify** that all of Applicant's information listed above is **accurate and complete** to the best of my knowledge.

**CERTIFIED BY RESPONSIBLE PERSON** (Printed Name) \_\_\_\_\_

Do you have the **Financial** Power of Attorney for your loved one? ☐ **Yes** ☐ **No**

*Signature* **OF RESPONSIBLE PERSON:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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For your **FREE** Consultation, contact Estate Preservation Network, 1464 East Whitestone Boulevard, Suite 504, Cedar Park, TX, at **(512) 260-2111**; or **Toll Free (877) 249-6047**; or Email **[Info@TheEPN.com](mailto:Info@TheEPN.com)**.

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## QUESTIONNAIRE AND CERTIFICATION

Page 2

**Thank you** for finishing by checking through these last few questions:

### Does the Medicaid Applicant:

- 1) Have any children approved for SSI and/or **Disability** payments? ☐ YES ☐ No
- 2) Have any children? ☐ YES ☐ No  
If Yes, how many? \_\_\_\_\_  
If Yes, how many children have Spouses? \_\_\_\_\_
- 3) Have any children, grandchildren or great grandchildren under Age 21? ☐ YES ☐ No  
If Yes, how many? \_\_\_\_\_
- 4) Have any service time in the military? ☐ YES ☐ No
- 5) Have the mental capacity to sign new legal documents if necessary? ☐ YES ☐ No
- 6) Have a Long Term Care Insurance policy? ☐ YES ☐ No
- 7) Have a Trust Fund account already set up at a Nursing Home? ☐ YES ☐ No
- 8) Have a safety deposit box at any bank or credit union? ☐ YES ☐ No
- 9) Have any other Miscellaneous assets like: ☐ Rental Properties, ☐ Notes Receivables,  
☐ Vacant lots *or* ☐ Other Real Estate (other than the Home)? ☐ YES ☐ No  
If Yes, please list location, description and Values: \_\_\_\_\_  
\_\_\_\_\_

I confirm that all of the applicant's information listed above is  
**accurate** and **complete** to the best of my knowledge.

**Printed Name** of Responsible Person: \_\_\_\_\_

**Signature** of Responsible Person: \_\_\_\_\_ Date: \_\_\_\_\_