Medicaid Planning Questionnaire

The information requested on this Questionnaire may seem like none of our business, but it is very important that a Medicaid planner understands the Medicaid applicant's present situation, including his/her wishes for the future. This information enables us to help plan for long-term care, as well as plan his/her estate to accomplish those future goals and to save on administrative expenses. Completing the form should be relatively easy. If there are any sections that seem too difficult, we suggest that you just consider the information being requested and move on to the next section.

All information you provide to us, including the information in this Questionnaire, is protected by attorney-client privilege and will be held in complete confidence unless you direct us to communicate with others about your planning. If you would like us to coordinate with another trusted advisor, such as your financial advisor, insurance agent, or accountant, we provide a way to authorize that on the final page.

Please complete this Questionnaire in as much detail as possible and return it to our office or bring it with you if you have an upcoming consultation or office conference. If you have any questions while completing this form, please feel free to call our office at the number below.

THE WALLACE FIRM, P.C.
ATTORNEYS AT LAW

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Part 1

Basic Information

The answers you provide in this section include important objective information about you, your address and contact information, your personal data, and how best to communicate with you.

Client 1: Medicaid Applicant Information	**Client 2: Applicant's Spouse Information** If no spouse, person completing questionnaire
First Name / Middle / Last Name / Gender ☐ Male ☐ Female	First Name / Middle / Last Name / Gender ☐ Male ☐ Female
A/K/A or Prefer to be Called	A/K/A or Prefer to be Called
Address	Address
City / State / Zip Code	City / State / Zip Code
County	County
TEL cell / TEL home	TEL cell / TEL home
E-mail	E-mail
Date of Birth / Soc. Sec. #	Date of Birth / Soc. Sec. #
Occupation / Employer	Occupation / Employer
U.S. citizen? ☐ Yes ☐ No | Veteran? ☐ Yes ☐ No / If yes-dates of service:	U.S. citizen? ☐ Yes ☐ No | Veteran? ☐ Yes ☐ No / If yes-dates of service:

Marriage & Relationship Information

Marital Status

☐ Single/Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Life Partners/Unmarried Couple

If Married

Date of Marriage:

Do you have a Marital Property Agreement? ☐ Yes ☐ No

Resided outside Michigan during the marriage? ☐ Yes ☐ No

If Yes-when/where?

Does either spouse have individual property?
(e.g., assets received)

☐ Yes ☐ No or not sure

If yes explain: by inheritance, or as a gift solely to that spouse, etc?

Client 1 - Prior Marriage Information:

Client 2 - Prior Marriage Information:

Part 2

Children

Please list **ALL of your children** (whether natural or adopted, minors or adults, living or deceased, and whether or not you wish to leave an inheritance to them). See Section 7 if you need more space.

Child of: ☐ **Client 1** *only* ☐ **Client 2** *only* ☐ **Both**

First Name	Middle	Last Name	Gender ☐ Male ☐ Female
Address			
City	State	Zip Code	
D.O.B.	Soc. Sec. # (if known)		
TEL primary	TEL alternate		
E-mail			
Spouse/Partner Name	Grandchildren Names		
Notes			

Child of: ☐ **Client 1** *only* ☐ **Client 2** *only* ☐ **Both**

First Name	Middle	Last Name	Gender ☐ Male ☐ Female
Address			
City	State	Zip Code	
D.O.B.	Soc. Sec. # (if known)		
TEL primary	TEL alternate		
E-mail			
Spouse/Partner Name	Grandchildren Names		
Notes			

Child of: ☐ **Client 1** *only* ☐ **Client 2** *only* ☐ **Both**

First Name	Middle	Last Name	Gender ☐ Male ☐ Female
Address			
City	State	Zip Code	
D.O.B.	Soc. Sec. # (if known)		
TEL primary	TEL alternate		
E-mail			
Spouse/Partner Name	Grandchildren Names		
Notes			

Child of: ☐ **Client 1** *only* ☐ **Client 2** *only* ☐ **Both**

First Name	Middle	Last Name	Gender ☐ Male ☐ Female
Address			
City	State	Zip Code	
D.O.B.	Soc. Sec. # (if known)		
TEL primary	TEL alternate		
E-mail			
Spouse/Partner Name	Grandchildren Names		
Notes			

Part 3

Other Family Members

Please list other **important family members** (parents, siblings, etc.) or persons who may be **intended beneficiaries**.
See Section 7 if you need more space.

First Name	Middle	Last Name	Gender ☐ Male ☐ Female
Relationship to Client			
Address			
City	State	Zip Code	
D.O.B.	Soc. Sec. # (if known)		
TEL primary	TEL alternate		
E-mail			

First Name	Middle	Last Name	Gender ☐ Male ☐ Female
Relationship to Client			
Address			
City	State	Zip Code	
D.O.B.	Soc. Sec. # (if known)		
TEL primary	TEL alternate		
E-mail			

First Name	Middle	Last Name	Gender ☐ Male ☐ Female
Relationship to Client			
Address			
City	State	Zip Code	
D.O.B.	Soc. Sec. # (if known)		
TEL primary	TEL alternate		
E-mail			

First Name	Middle	Last Name	Gender ☐ Male ☐ Female
Relationship to Client			
Address			
City	State	Zip Code	
D.O.B.	Soc. Sec. # (if known)		
TEL primary	TEL alternate		
E-mail			

Agents under existing Power of Attorney

Name of primary Agent	☐ Male ☐ Female - or - ☐ Charity	
Address		
City	State	Zip Code
Description	Taxpayer I.D.# (if known)	
TEL primary	TEL alternate	
E-mail / Website		

Name of backup Agent	☐ Male ☐ Female - or - ☐ Charity	
Address		
City	State	Zip Code
Description	Taxpayer I.D.# (if known)	
TEL primary	TEL alternate	
E-mail / Website		

Part

4

Planning Issues and Concerns

These questions help us identify potential issues and topics that may be important to address with you in greater detail. We understand that some of these questions may involve sensitive subjects, but honest responses are important for proper planning. If answering these questions as a couple, "you" should be understood to mean "either of you."

General Issues	Yes	No or N/A	Comments
Have you ever **previously prepared an estate plan** or executed planning documents such as a will, trust or power of attorney?	☐	☐	
Are you or your spouse currently residing in a nursing home (NH)? If so, provide the name and address of the nursing home?	☐	☐	
If you answered yes above, did you enter the NH directly from the community? If so, please provide the date the nursing home resident was admitted to the nursing home.	☐	☐	
Was the nursing home resident admitted following a stay in the hospital? If so, please provide the nursing home resident's date of admission to the hopsital.	☐	☐	
Has any of the nursing home resident's nursing home stay been covered by Medicare? If yes, please provide whether benefits are continuing and if an expected end date has been given.	☐	☐	
Are you or your spouse currently paying any housing or care expenses? For example, mortgage, rent, in-home care, utilities, taxes, health insurance, etc. Please provide the monthly amount.	☐	☐	
	☐	☐	

Describing Medical Condition	Yes	No or N/A	Comments
Please describe your and your spouse's current medical condition with reasonable detail. Please specifically identify any conditions relating to mental health or dementia, and indicate the extent to which these conditions have reduced your ability to perform activities of daily living.	☐	☐	
	☐	☐	
	☐	☐	

Transferred Assets	Yes	No or N/A	Comments
	☐	☐	
During the past five years, have you transferred any asset to someone other than your spouse for less than the fair market value? If so, please describe the transaction..	☐	☐	
During the past five years, have you added the name of someone other than your spouse as an owner to any asset? If so, please describe the transaction..	☐	☐	
During the past five years, have you transferred any asset into a trust or trust-like arrangement? If so, please describe the transaction..	☐	☐	

Asset and Ownership Issues	Yes	No or N/A	Comments
Have you **named your estate the beneficiary** on any insurance, retirement accounts, annuities, or other assets with a beneficiary designation?	☐	☐	
Do you currently own any real estate in another state or country, or own any other property which is physically located outside Michigan?	☐	☐	
Are you the **joint owner** or **co-owner** of any property with anyone other than your current spouse/partner?.	☐	☐	

Income Questions	Yes	No or N/A	Comments
Do you (and your spouse) receive Social Security income? If so, please provide the amount.	☐	☐	
Do you (and your spouse) receive a pension? If so, please provide the amount.	☐	☐	
Are you (or your spouse) currently employed? If so, please provide the amount.	☐	☐	
Do you (or your spouse) receive any other income? For example annuity payments, land contract/mortgage payments, royalties, dividends, etc. If so, please provide the amount.	☐	☐	

Special Needs and Concerns	Yes	No or N/A	Comments
Do you, or any family member or beneficiary, have **any kind of disability** (whether physical, psychological, developmental, special educational, etc.)?	☐	☐	
Do you, or any family member or beneficiary, currently receive any form of **means-tested public assistance** benefits (e.g., SSI, SSDI, Medicaid, etc.)?	☐	☐	
Do you have **Long-Term Care (LTC) insurance** (i.e., insurance to cover the cost of a nursing home or other long-term skilled care)?	☐	☐	
Are you concerned about the possibility of losing your assets if you or your spouse were ever to need **nursing home or other long-term skilled care**?.	☐	☐	

Beneficial Interests	Yes	No or N/A	Comments
Do you have any interest as the **beneficiary of an existing trust or estate**?.	☐	☐	
Do you anticipate the possibility of receiving any substantial gift and/or inheritance ($100,000 +)?	☐	☐	

Concerns and Questions

If you have any concerns or questions about the estate planning process, please feel free to list them below so that we can address them:

Part 5	**Asset Assessment** Our ability to recommend appropriate Medicaid planning options requires that we have an accurate picture of the nature, amount and value of your and your spouse's assets, how they are titled/owned, and if they include such designations, the beneficiary you have named. This section is intended as a way to provide that information easily and efficiently.

Instructions. You can attach a personal financial statement prepared for other purposes instead of completing this section, if that is more convenient. Otherwise, please provide as much information as you are able to without significant inconvenience. Values must be accurate and up-to-date. If you own more property of a given type than can be listed below, attach extra sheets to list the additional property. If you choose for whatever reason to not provide asset information, it must be with the understanding that the resulting lack of complete and accurate awareness of your circumstances could result in our providing you with information or recommendations which are incorrect or inapplicable to you (and/or improper legal advice if you choose to retain us) and could therefore negatively impact your Medicaid plan - including the Firm terminating representation.

Primary Home - address:	
Other Real Estate - address:	
Other Real Estate - address:	
Other Real Estate - address:	
Ret. Acct. / IRA - describe:	
Ret. Acct. / IRA - describe:	
Business Interest – describe:	
Business Interest – describe:	
Investment / Brokerage- describe:	
Investment / Brokerage - describe:	
Stocks / Bonds / Mutual- describe:	
Bank Account – describe:	
Bank Account – describe:	
Bank Account – describe:	
Bank Account – describe:	
Life Ins policy - CSV and face amount:	
Life Ins policy - CSV and face amount:	
Life Ins policy - CSV and face amount:	
Life Ins policy - CSV and face amount:	
Loans / Money Owed to You - describe:	
Autos, Boats, RV's, etc:	
Personal Property (approx. value):	
Anticipated Inheritance (approx.):	
Other Assets – describe:	

Total Assets (add everything up)	$
About how much do you owe? (mortgages, loans, etc.)	-
Approximate Net Worth (subtract the two)	$

Part **8**

General & Supplemental Information

This final section includes important information which does not quite fit into any of the prior categories. We use this as a "wrap-up" and it is the final section, so you are nearly finished!

WHAT WAS THE *PRIMARY* WAY YOU LEARNED ABOUT US?

☐ Referral from (please name or describe): ______________________________

☐ Internet / website / social media (www.EpiphanyLaw.com, or describe): ______________________________

☐ Other (please describe): ______________________________

OTHER ADVISORS. If you have any other trusted or important advisors who you rely upon, please provide their name and contact information in the spaces provided below:

		Do you authorize us to communicate with him/her about your planning?
Financial Advisor:	______________________	☐ Yes ☐ No
Insurance Agent:	______________________	☐ Yes ☐ No
Accountant / Tax Preparer:	______________________	☐ Yes ☐ No
Family Attorney:	______________________	☐ Yes ☐ No
Banker:	______________________	☐ Yes ☐ No
Other *(please explain)*:	______________________	☐ Yes ☐ No

ADDITIONAL DOCUMENTATION. In some instances, it may be necessary for us to review other documents before we can make planning recommendations. If possible without substantial inconvenience, please attach the following documentation:

1. Copies of your previously executed planning documents, including wills, trusts, beneficiary designations, powers of attorney, health care directives, etc.
2. Any Marital Property Agreement (pre or post nuptial) or comparable agreement (if applicable).
3. Copies of the essential records for any business interest you own which confirm the type of entity, what portion you own, and any ownership requirements or restrictions (*e.g.*, Articles and Bylaws, Shareholder/Operating/Partnership Agreement, Buy-Sell Agreement, Non-Compete etc.), and a copy of any recent valuation reports or analyses.
4. Copies of all deeds to real estate owned by you, if available (or at least the real estate tax bills for each property).
5. Copies of any other documentation which you believe would be important for us to have available in order to assist you.

I understand that The Wallace Firm, P.C. (the "Firm") will need to rely on the information I supply to help me develop an estate plan. I also understand that inaccurate or incomplete information could negatively impact my estate plan. Consequently, if I retain the Firm, I will provide the Firm accurate and complete information prior to finalizing or signing my estate plan documents.

Client 1: ______________________________ **Date:** ____________________

Client 2: ______________________________ **Date:** ____________________

Congratulations on completing this Questionnaire!