



# Pennsylvania Client Intake Packet

PA Medical Assistance Long-Term Care (Nursing Facility + CHC/HCBS)

## 1) Applicant Information

Full Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Medicare #: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

### Marital Status

- Single
- Married
- Widowed
- Divorced
- Separated

## 2) Household & Legal Authority

Spouse Full Name (if married): \_\_\_\_\_  
Spouse DOB: \_\_\_\_\_ Spouse SSN: \_\_\_\_\_  
Primary Contact (if not applicant): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

### Legal Authority

- Power of Attorney (POA)
- Guardianship/Conservator
- Authorized Representative

## 3) Care Setting & Goal

Current Setting (home/AL/rehab/NF): \_\_\_\_\_  
Facility Name (if applicable): \_\_\_\_\_  
Admission Date: \_\_\_\_\_ Expected Admission: \_\_\_\_\_

### Applying For

- Nursing Facility Medicaid
- CHC / HCBS (Community HealthChoices)
- Not sure (screening)

## 4) Functional Snapshot (Level-of-Care)

Primary Diagnoses: \_\_\_\_\_  
Needs help with ADLs (check all):  
 Bathing       Dressing       Toileting  
 Transfers       Eating       Walking

## 5) Income Snapshot (Monthly Gross)

Applicant income sources (SS/pension/VA/etc): \_\_\_\_\_  
Spouse income sources (if married): \_\_\_\_\_

## 6) Assets Snapshot (List all that apply)

<input type="checkbox"/> Checking/Savings/Money Market	<input type="checkbox"/> Home
<input type="checkbox"/> CDs	<input type="checkbox"/> Other real estate/land/timeshare
<input type="checkbox"/> Brokerage (stocks/bonds/funds)	<input type="checkbox"/> Vehicles (car/truck/RV/boat)
<input type="checkbox"/> Retirement (IRA/401k/403b/457)	<input type="checkbox"/> Trusts (revocable/irrevocable/SNT)
<input type="checkbox"/> Annuities (all contracts)	<input type="checkbox"/> Business interest/LLC/partnership
<input type="checkbox"/> Life insurance cash value	<input type="checkbox"/> Burial/funeral plans/plots

## 7) 60-Month Look-Back (Transfers/Red Flags)

<input type="checkbox"/> Gifts to others	<input type="checkbox"/> Accounts closed
<input type="checkbox"/> Large cash withdrawals	<input type="checkbox"/> Loans/promissory notes
<input type="checkbox"/> Property transfers	<input type="checkbox"/> Caregiver payments

Notes (dates/amounts/to whom): \_\_\_\_\_