



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):

- | | | |
|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Dressing | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Transfers | <input type="checkbox"/> Eating | <input type="checkbox"/> 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): _____