

Culpepper Law Medicaid Questionnaire

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Date ____/____/____

Name of Person(s) coming in for appointment: _____

Phone: _____ Email: _____

SECTION I. PERSONAL INFORMATION

Name of Person who you are doing planning for:

Citizenship:

Date of Birth:

Social Security Number:

Marital Status:

Home Address:

City, State, Zip:

County:

Telephone Number:

Email:

Currently residing at (if other than home):

Address:

City, State, Zip:

Phone Number:

Do you think this person will live: 6-12 months 1 year or more Do not know

Name of Spouse/ Significant other: _____

Date of Birth:

Date of Death:

Address if different than above home address:

City, State, Zip:

Telephone number:

Email:

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CHILDREN (Living and Deceased)

	1	2	3	4
<i>First Name</i>				
<i>Last Name</i>				
<i>Address</i>				
<i>City</i>				
<i>State, Zip</i>				
<i>Telephone</i>				
<i>Date of Birth</i>				
<i>Date of Death</i>				
<i>Marital Status</i>				
<i>Email</i>				

SECTION II. ADDITIONAL INFORMATION

1. Is the person you are doing planning for competent to sign documents? Yes No Unsure
2. Do they have irrevocable pre-paid funeral contracts? Yes No
3. Do they have any of the following documents?
 - Will Financial Power of Attorney Irrevocable Trust Revocable Trust
 - Health Care Power of Attorney Living Will
4. If in a facility (Assisted Living/Nursing Home), what date did person enter? _____
5. If receiving skilled nursing care, is Medicare paying? Yes No
If yes, when does the 100 days expire?
6. If the person is in a facility, does the facility accept Medicaid? Yes No
7. If the facility does not accept Medicaid, are you willing to move the person to a facility that does accept Medicaid? Yes No
8. If in a facility, what is the monthly amount of long-term care? \$ _____
9. Do they have long-term care insurance? Yes No
If yes, how many years of coverage?
Amount of coverage per month?
10. If not currently in a facility, when is that expected to occur?
11. Is it likely that the person you are planning for will return home? Yes No
12. Is a family member living in the person's home? Yes No
If so, name and relationship of that person:
Is this person a dependent? Yes No
13. What are the expectations of selling the home?
14. Has a Medicaid Application ever been filed? Yes, Date filed _____ No
15. Was there a sudden illness that resulted in the need for long term care? Yes No
If so, when?
16. If married, provide past dates of entering and leaving a hospital and nursing home, and the name of each institution. Use the back of this page if needed.

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SECTION III. FINANCIAL INFORMATION

ASSETS (If more space is required, please use the back of this form.) For Real Property, use the County Auditors Value. For vehicles, list the NADA trade-in value.

	<i>Property Type</i>	<i>Description</i>	<i>Owner</i>	<i>Value</i>
1.	Real Property <i>Address</i>			
2.	Real Property <i>Address</i>			
3.	Vehicle <i>Make, Model, Year</i>			
4.	Vehicle <i>Make, Model, Year</i>			
5.	Cash on Hand			
		<i>Name of Financial Institution</i>	<i>Owner</i>	<i>Value</i>
6.	Checking Account			
7.	Checking Account			
8.	Savings Account			
9.	Savings Account			
10.	Certificate of Deposit			
11.	Certificate of Deposit			
12.	Savings Bonds (combined total)			
13.	Brokerage / Investment Non- Retirement Acct			
14.	Brokerage / Investment Non- Retirement Acct			
15.	IRA Account			
16.	IRA Account			
17.	Deferred Compensation			
18.	401K			
19.	Stocks			
20.	Tax Refund within the past 12 months			
21.	Other			
22.	Other			

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ANNUITIES AND LIFE INSURANCE POLICIES

	<i>Description (Company and Life Ins or Annuity)</i>	<i>Owner</i>	<i>Face Value</i>	<i>Cash Value</i>
1.				
2.				
3.				
4.				
5.				
6.				

LIABILITIES

	<i>Property Type</i>	<i>Description</i>	<i>Owner</i>	<i>Debt</i>
1.	Mortgage			
2.	Mortgage			
3.	Reverse Mortgage			
4.	Home Equity Loan			
5.	Home Equity Loan			
6.	Loan on Vehicle			
7.	Loan on Vehicle			
8.	Credit Card Debt Total			
9.	Other			

INCOME - List Gross dollar amount (amount before any deductions are removed) for each person in columns.

	<i>Income Type</i>	<i>Person who you are doing planning for</i>	<i>Spouse/ Significant Other</i>
1.	Social Security		
2.	Pension		
3.	Annuity		
4.	Employment		
5.	Other		

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GIFTING (list any gifts of \$500 or more that was made by self, husband and/or wife, by the Financial Power of Attorney, or by the trust within the last Five years). Additionally, list anything that was sold for less than fair market value.

	<i>Date</i>	<i>Recipient</i>	<i>Reason</i>	<i>Amount \$</i>	<i>Gift Tax Return Filed?</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

TRANSACTIONS IN THE LAST 5 YEARS – List any of the following items if they were SOLD or TRANSFERRED in the last Five (5) years. Real Estate, Farm Land, Business, Vehicles, Motor Homes, Boats, or anything that has to be registered with the BMV.

	<i>Item Description</i>	<i>Owner</i>	<i>Date Sold</i>	<i>Fair Market Value</i>	<i>Amount Sold for</i>
1.					
2.					
3.					
4.					
5.					
6.					
7.					

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SECTION IV. MILITARY SERVICE – *Mark the box (X) that indicates the time of service, even if they did not serve in the war, if applicable.*

PERIOD OF WAR TIME		
X	<i>Period of War</i>	<i>Beginning and Ending Dates</i>
	World War II	December 7, 1941 through December 31, 1946
	Korean Conflict	June 27, 1950 through January 31, 1955
	Vietnam Era	February 28, 1961 through May 7, 1975 for veterans who served in the Republic of Vietnam during that time. For all other veterans, the period of war is August 5, 1964 through May 7, 1975
	Gulf War	August 2, 1990 through a date to be set by law or Presidential Proclamation

If the person you are planning for or their spouse served during any of the above time, please mark the correct box.