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Medicaid Application Worksheet

(Information current as of _____, 20____)

Contact Information

Applicant's Full Name:

_____

Applicant's Most Recent Address (Prior to Entering Skilled Nursing Home if Already in Nursing Home):

_____

_____

Contact Information for Spouse (if Married):

Name: _____

Address: _____

_____

Phone Number(s): _____

Email Address(es): _____

If Applicant is Not Married, Please Indicate Marital Status:

_____ Divorced (Date of Divorce: _____)

_____ Widowed (Spouse's Date of Death: _____)
(Spouse's Name: _____)

_____Never Married

Contact Information (Continued)

Does Applicant Have a Power of Attorney? Y / N

Contact Information for Power of Attorney
(or Relative/Friend Assisting with Application if No Power of Attorney):

Name: _____

Address: _____

_____

Phone Number(s): _____

Email Address(es): _____

Personal Information

Applicant's DOB: _____ Applicant's Social Security Number: _____

Is Applicant a Veteran or a Surviving Spouse of a Veteran? Y / N

Is Applicant a US Citizen? Y / N

If Applicant is Married:

Spouse's DOB: _____ Spouse's Social Security Number: _____

Is the Spouse a Veteran? Y / N

Is the Spouse a US Citizen? Y / N

Nursing Home/Medical Bill Information

Please complete if applicant is already in a nursing home facility

Applicant's Skilled Nursing Home Facility:

Name: _____

Address: _____

_____

Date Applicant Entered Nursing Home Facility: _____

Method of Paying Nursing Home to Date:
(For Ex., Medicare, Long Term Care Ins., Privately Paying – Include Dates for Each Payment Type).:

_____

_____

_____

_____

Does Applicant Currently Have an Outstanding Bill Due to the Nursing Home? Y / N

If Yes, Please Provide Amount Due and Dates of Service Covered by Bill: _____

_____

Does Applicant Currently Have an Outstanding Bill for Prescriptions or other Medical Costs? Y / N

If Yes, Please Provide Details: _____

_____

_____

Financial Information

Please complete the following using (approximate) current values (please be sure to indicate if you own any listed assets jointly with another individual).

Real Estate

Address	Owner	Value	Mortgage
_____	_____	$_____	$_____
_____	_____	$_____	$_____
_____	_____	$_____	$_____

Bank Accounts

Description of Account	Owner	Value
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Investment Assets (Stocks, Bonds, Mutual Funds owned Outside of Retirement Plans)

Description of Asset	Owner	Value
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Financial Information (Continued)

IRA's/ Retirement Plans

Description of Account	Owner	Beneficiary	Value
_____	_____	_____	$_____
_____	_____	_____	$_____
_____	_____	_____	$_____
_____	_____	_____	$_____

Life Insurance Policies

Description of Policy *	Owner	Beneficiary	Death Benefit
_____	_____	_____	$_____
_____	_____	_____	$_____
_____	_____	_____	$_____

* please include type of policy in description: WL – whole life; G – group term; T –term

Long Term Care Insurance

Do you have long term care insurance? Y / N

Funeral Arrangements

Do you have a prepaid funeral plan? Y / N
Do you have a burial plot? Y / N

Other Assets (You do not have to list motor vehicles, furnishings, or other personal effects).

Description of Asset	Owner	Value
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Financial Information (Continued)

Trust

Do you have a Trust? Y / N

If Yes:

When Was the Trust Created: _____

What is the Name of the Trust: _____

Is the Trust Revocable or Irrevocable: Revocable / Irrevocable

Who is the Current Trustee of the Trust: _____

Please List All Assets Owned by the Trust:

Description of Asset	Date Transferred to Trust	Value
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

Income

Source of Income	Owner of Income	Amount*
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____
_____	_____	$_____

* please indicate if amount paid Weekly, Monthly or Annually

Gifts

Has Applicant (or Applicant's Spouse) made any gifts in excess of $1,000 in the past 60 months? Y ./ N

If yes, please describe: _____

_____

_____