

MEDICAID ASSET PROTECTION PLANNING QUESTIONNAIRE

This information is extremely important. All items must be completed.

If you need assistance, please call us.

Please use the back of each page to write additional information.

Date _____

Personal data of the person who would receive
Medicaid benefits: "Applicant"

Applicant name _____

Currently living at: Home ___ Nursing home _____

If in nursing home, last living address: _____

Home Address _____

City _____ State ___ Zip _____

Telephone Number _____

Social Security # _____

Date of birth _____

Place of birth _____

U. S. Citizen: Yes _____ No _____

Resided in Indiana since 19__

Nursing home name, address & telephone number:

Name _____

Address _____

City _____ State ___ Zip _____

Telephone Number _____

Social Services Person _____

Date of admission _____

Total average monthly nursing home bill \$ _____

Since September 30, 1989, has applicant or spouse been
hospitalized or in a nursing home for more than 30
consecutive days? Yes ___ No _____

If yes, when did this period begin: _____

Personal data of the Spouse: (If spouse is deceased,
please provide name, Social Security #, date of
birth, and date of death.)

Spouse name _____

Currently living at: Home ___ Nursing home _____

If in nursing home, last living address: _____

Home Address _____

City _____ State ___ Zip _____

Telephone Number _____

Social Security Number _____

Date of Birth _____

Place of Birth _____

U.S. Citizen: Yes _____ No _____

Resided in Indiana since 19__

Fax Number _____

E-mail Address _____

Date of Marriage _____

If deceased, date of death _____

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FAMILY MEMBERS AND OTHERS INTERESTED IN YOUR WELFARE
Please print all names as they would appear on legal documents.

Name _____ Social Security # _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Telephone number _____
Spouse's name _____ Social Security # _____

Name _____ Social Security # _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Telephone number _____
Spouse's name _____ Social Security # _____

Name _____ Social Security # _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Telephone number _____
Spouse's name _____ Social Security # _____

Name _____ Social Security # _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Telephone number _____
Spouse's name _____ Social Security # _____

Name _____ Social Security # _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Telephone number _____
Spouse's name _____ Social Security # _____

Name _____ Social Security # _____
Address _____ City _____ State _____ Zip _____
Relationship _____ Telephone number _____
Spouse's name _____ Social Security # _____

PERSONAL DATA

Health problems of applicant _____

Health problems of spouse _____

Personal physician name _____ Telephone number _____

Address _____ City _____ State ____ Zip _____

If the applicant and/or spouse were in the hospital and unable to make decisions, with whom should the doctor consult regarding **health care and living arrangements**? (List in order of priority.)

If the applicant and/or spouse were unable to carry out **financial and business decisions**, who would pay the bills and make investment decisions?

Has a **Medicaid** application, **SSI or SSD** application or any other application for **public benefits** been filed on behalf of the **applicant**? Yes ____ No ____ If yes, on what date? _____ Benefits: Approved ____ Denied ____
With what government agency? _____

Has a **Medicaid** application, **SSI or SSD** application or any other application for **public benefits** been filed on behalf of the **spouse**? Yes ____ No ____ If yes, on what date? _____ Benefits: Approved ____ Denied ____
With what government agency? _____

Do any of your children/grandchildren/heirs: Yes _____ No _____
Have a medical, physical or mental problem (blind, disabled, etc.)? _____
Live with you in your home? _____

Does the applicant have: a Will _____, Revocable Living Trust, _____ Power of Attorney _____, Living Will (Medical POA, Advanced Directives, etc) _____. **Please provide a copy of the documents.**

Names of those who would inherit the estate of applicant and/or spouse	Share of Estate
_____	_____
_____	_____
_____	_____

Who would be the **Personal Representative** (Executor)? _____

Trustee of Revocable Living Trust _____

Has applicant or spouse ever been in or worked for the following? **(Complete even if spouse is deceased.)**

Military Service	Yes ___ No ___	Private Employer Pension Plan	Yes ___ No ___
Federal Government	Yes ___ No ___	Trade Union with Pension Plan	Yes ___ No ___
State Government	Yes ___ No ___	Railroad Retirement	Yes ___ No ___

If **applicant** served in military: What branch? _____ Active service in which war? _____

Have **VA benefits** (Aid and Attendance) for applicant been applied for? Yes _____ No _____

If yes, on what date benefits applied for? _____ On what date did benefits begin? _____

If **spouse** served in military: What branch? _____ Active service in which war? _____

Have **VA benefits** (Aid and Attendance) for spouse been applied for? Yes _____ No _____

If yes, on what date benefits applied for? _____ On what date did benefits begin? _____

CAREGIVER OR FRIEND

If this Questionnaire is prepared by someone other than applicant or spouse, please complete the following:

Name _____

Address _____

Relationship _____ Telephone number _____

WHO REFERRED YOU TO OUR OFFICE?

Name _____

Address _____

Telephone number _____

FINANCIAL ADVISORS

Stockbroker name _____

Address _____ Telephone Number: _____

Accountant or CPA name _____

Address _____ Telephone Number: _____

HEALTH/MEDICAL INSURANCE

Medicare Number: Applicant _____ Coverage: Part A? Yes ___ No ___. Part B? Yes ___ No ___
 Spouse _____ Coverage: Part A? Yes ___ No ___. Part B? Yes ___ No ___

Does applicant and/or spouse have any other health or medical insurance? Yes _____ No _____

Insured	Company name & address	Policy Number	Premium Amount

LONG TERM CARE POLICIES

Does applicant and/or spouse have any long term care policies? Yes _____ No _____

If yes, name of insured, name of company, description of coverage _____

MOTOR VEHICLES

Does applicant or spouse own vehicle? Yes _____ No _____

If yes, automobile _____ van _____ recreational vehicle _____ trailer _____
 truck _____ boat _____ other (if other, describe) _____

Make/Model/Year	Value	Owner's name (s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does applicant have current driver's license? Yes _____ No _____

Does spouse have current driver's license? Yes _____ No _____

List the **total unpaid doctor bills, charge card bills, taxes or assessments.**

Estimate of the **average monthly expenses** for: Applicant \$ _____ Spouse \$ _____

BANK ACCOUNTS

(Use the back of this page for additional bank accounts.)

Sample Name of bank or firm Barnett Bank
Branch/Address 111 Spring Street
Names on Account John Doe or Jane Doe or Mary Doe
Account Number 246810
Direct deposits to this account Social Security and pension for John Doe and Jane Doe
Current Balance as of (date) 1/1/97 \$ 5,000
Interest Bearing? Yes No Interest Rate 2.5%

Checking #1 Name of bank or firm _____
Branch/Address _____
Names on Account _____
Account Number _____
Direct deposits to this account _____
Current Balance as of (date) _____ \$ _____
Interest Bearing? Yes No Interest Rate _____

Checking #2 Name of bank or firm _____
Branch/Address _____
Names on Account _____
Account Number _____
Direct deposits to this account _____
Current Balance as of (date) _____ \$ _____
Interest Bearing? Yes No Interest Rate _____

Any accounts closed within the past 36 months? If yes, list closed accounts on pages 17-18.

BANK ACCOUNTS (Continued)

Money Market Name of bank or firm _____
Branch/Address _____
Names on Account _____
Account Number _____
Direct deposits to this account _____
Current Balance as of (date) _____ \$ _____
Interest Bearing? Yes _____ No _____ Interest Rate _____

Passbook Savings Name of bank or firm _____
Branch/Address _____
Names on Account _____
Account Number _____
Direct deposits to this account _____
Current Balance as of (date) _____ \$ _____
Interest Bearing? Yes _____ No _____ Interest Rate _____

CERTIFICATES OF DEPOSIT

CD #1 Name of bank or firm _____
Branch/Address _____
Names on Account _____
Account Number _____
Face amount \$ _____
Current Balance as of (date) _____ \$ _____
Maturity date _____ Interest Rate _____
Interest paid by: Monthly check mailed to owner _____ Quarterly check mailed to owner _____
Reinvested in the CD _____ Credited to checking or savings account # _____

Any accounts closed within the past 36 months? If yes, list closed accounts on pages 17-18.

CERTIFICATES OF DEPOSIT (Continued)

CD #2 Name of bank or firm _____
Branch/Address _____
Names on Account _____
Account Number _____
Face amount \$ _____
Current Balance as of (date) _____ \$ _____
Maturity date _____ Interest Rate _____
Interest paid by: Monthly check mailed to owner _____ Quarterly check mailed to owner _____
Reinvested in the CD _____ Credited to checking or savings account # _____

CD #3 Name of bank or firm _____
Branch/Address _____
Names on Account _____
Account Number _____
Face amount \$ _____
Current Balance as of (date) _____ \$ _____
Maturity date _____ Interest Rate _____
Interest paid by: Monthly check mailed to owner _____ Quarterly check mailed to owner _____
Reinvested in the CD _____ Credited to checking or savings account # _____

CD #4 Name of bank or firm _____
Branch/Address _____
Names on Account _____
Account Number _____
Face amount \$ _____
Current Balance as of (date) _____ \$ _____
Maturity date _____ Interest Rate _____
Interest paid by: Monthly check mailed to owner _____ Quarterly check mailed to owner _____
Reinvested in the CD _____ Credited to checking or savings account # _____

Any CDs closed within the past 36 months? If yes, list closed CDs on pages 17-18.

COMMON OR PREFERRED STOCKS AND MUTUAL FUNDS

Name(s) of Owner	Company	# of shares	Current price per share	Total value on / /	Date Purchased	Purchase Price

CORPORATE BONDS

Name(s) of Owner	Company	# of bonds	Current price per bond	Total value on / /	Date Purchased	Purchase Price

Any transfers, gifts or sales of stocks or bonds within the past 36 months? If yes, list closed accounts on pages 17-18.

U. S. SAVINGS BONDS

Number of U.S. Savings Bonds: Series E _____ Series EE _____ Series H _____

Total face value of all U.S. Savings bonds: \$ _____ Total estimated current cash value of bonds: \$ _____

Please provide a copy of each bond.

TAX-FREE MUNICIPALS

Name(s) of owner	Company	# of shares	Current price per share	Total value on / /	Date purchased	Purchase price

LIMITED PARTNERSHIPS, ETC.

Name(s) of owner	Company	# of shares	Current price per share	Total value on / /	Date purchased	Purchase price

G N M A 's

Name(s) of owner	Company	# of shares	Current price per share	Total value on / /	Date purchased	Purchase price

Any transfers, gifts or sales of savings bonds, tax-free municipals, limited partnerships, GNMA's within the past 36 months? If yes, list closed accounts on pages 17-18.

ANNUITIES

Applicant:

Company and Address	Salesman	Policy #	Owner	Beneficiary	Cash Surrender Value	Payments

Spouse:

Company and Address	Salesman	Policy #	Owner	Beneficiary	Cash Surrender Value	Payments

DEFERRED COMPENSATION ACCOUNTS

(IRA/SEP/401k/Profit sharing/Keogh)

Applicant:

Financial Institution	Type (CD, stock, bonds, etc.)	Current Value	Beneficiary	Date purchased	Purchase price	Payments

Spouse:

Financial Institution	Type (CD, stock, bonds, etc.)	Current Value	Beneficiary	Date purchased	Purchase price	Payments

Any transfers, gifts or sales of annuities or IRAs within the past 36 months? If yes, list closed accounts on pages 17-18.

BURIAL ASSETS

Location, description, and address of any **cemetery plots** applicant and/or spouse owns.

Any **burial contracts** or pre-paid funeral agreements applicant and/or spouse has purchased.

Contract #1 Name of purchaser _____ Date of purchase _____

Name and address of funeral _____

Address _____ City _____ State ____ Zip _____

Name of insurance company _____

Contract is: revocable _____ irrevocable _____ Contract amount \$ _____

Contract #2 Name of purchaser _____ Date of purchase _____

Name and address of funeral _____

Address _____ City _____ State ____ Zip _____

Name of insurance company _____

Contract is: revocable _____ irrevocable _____ Contract amount \$ _____

Does applicant/spouse have a **special bank account** set aside for burial funds? Yes _____ No _____

If yes, please provide name and location of bank, account number and current balance _____

REAL PROPERTY

Homestead (your residence) address _____

This residence is a house _____ a mobile home _____ a condominium _____

other (describe, if other) _____

Names on the deed _____

Is there a mortgage? Yes ___ No ___ If yes, what is the mortgage balance? \$ _____

What is the tax assessor's value for this home? \$ _____

If you were going to sell your home, what price would you expect to receive for it? \$ _____

Date of purchase _____

Purchase price \$ _____

All other real property:

Property #1 address _____

This property is a house _____ a mobile home _____ a condominium _____ farmland _____ (# acres) _____

other (describe, if other) _____

Names on the deed _____

Is there a mortgage? Yes ___ No ___ If yes, what is the mortgage balance? \$ _____

What is the tax assessor's value for this home? \$ _____

If you were going to sell this property, what price would you expect to receive for it? \$ _____

Date of purchase _____

Purchase price \$ _____

Do you receive rental income? Yes _____ No _____ If yes, monthly rental amount \$ _____

Do you receive any other income from this property? Yes _____ No _____

If yes, monthly amount and type of income _____

If other real property is owned, please provide the information for the additional property on the back of this page.

Any transfers, gifts or sales of real property within the past 36 months? If yes, list closed accounts on pages 17-18.

LIFE INSURANCE

If possible, please call insurance company and obtain the Cash Surrender Value on these policies.

Applicant:

Company/ Policy #	Insured/Owner - if difference, list both	Beneficiary	Date Issued	Face Value	Cash Value	Policy Loan Amount

Spouse:

Company/ Policy #	Insured/Owner - if difference, list both	Beneficiary	Date Issued	Face Value	Cash Value	Policy Loan Amount

LOANS (Mortgages and notes, money due to you)

Does applicant or spouse **own a mortgage** and/or a promissory note? Yes _____ No _____

Loan #1: Names on the note or mortgage _____

Principal balance remaining due \$ _____

Is the mortgage marketable (can it be sold?) Yes _____ No _____

If marketable, what could you sell it for? \$ _____

Any transfers, gifts or sales of life insurance or loans in the past 36 months? If yes, list closed accounts on pages 17-18.

MONTHLY INCOME SUMMARY

List all income amounts - gross and net where applicable - that applicant or spouse receives per month:

Source	Applicant Gross	Applicant Net	Spouse Gross	Spouse Net	Name & Address of Company
Social Security					
Private Pension					
Railroad Retire.					
Veteran's Benefits					
Civil Service					
Interest Income					
Dividend Income					
Alimony					
Rental Income					
Wage from Job					
Self-Employment Income					
Total Income					

Address of Record with Social Security Administration for applicant and/or spouse:

Home Address or other Address (please provide) _____

Safety deposit box - Name of bank, name and address of branch, & box # _____

Who is authorized to enter box? _____

Housing Expenses

If your housing expenses are more than \$400 per month, list your average **monthly** expenses for the following items. Do not include phone or cable expenses. (You do not have to fill this out if your housing expenses are less than \$400.00 per month):

Rent or Mortgage	\$
Average utilities:	
Electric	\$
Gas	\$
Water	\$
Property Taxes (if not included in mortgage)	\$
Homeowner's or Renter's insurance (if not included in Mortgage)	\$
TOTAL MONTHLY HOUSING EXPENSES	\$

Gifts

If you or your spouse made gifts totaling more than \$3,000 in any month over the past three years, please list them below. (Example: gift of \$2,000 to a son and and \$2,000 to a daughter in the same month needs to be listed.)

Name of person who received gift	Date of the gift	Amount of the gift.

CLOSED ACCOUNTS ONLY

If any assets have been transferred, gifted or sold within the last thirty-six (36) months, it is critical that you bring us detailed information about all such transfers.

Type = checking, savings, CD, stock, etc. **Names** = John Doe and Jane Doe; John Doe or Jane Doe, John Doe, Jane Doe as POA. Use the back of the page for additional closed accounts, transfers, gifts or sales.

Sample Type of asset checking account

Names on account John or Jane Doe

Name of bank, broker, etc. Barnett

Account number 123456

Date account closed, gifted, transferred or sold 1/1/97

Amount in account at time account closed \$40,000

Who signed to close account or who did gifting, transferring or selling Jane Doe

Into what account were the proceeds deposited or who received the gift or transfer AmSouth 78934

Name on the account Barbara Doe Smith

Acct. #1 Type of asset _____

Names on account _____

Name of bank, broker, etc. _____

Account number _____

Date account closed, gifted, transferred or sold _____

Amount in account at time account closed _____

Who signed to close account or who did gifting, transferring or selling _____

Into what account were the proceeds deposited or who received the gift or transfer _____

Acct. #2 Type of asset _____

Names on account _____

Name of bank, broker, etc. _____

Account number _____

Date account closed, gifted, transferred or sold _____

Amount in account at time account closed _____

Who signed to close account or who did gifting, transferring or selling _____

Into what account were the proceeds deposited or who received the gift or transfer _____

CLOSED ACCOUNTS ONLY (Continued)

Acct. #3 Type of asset _____
Names on account _____
Name of bank, broker, etc. _____
Account number _____
Date account closed, gifted, transferred or sold _____
Amount in account at time account closed _____
Who signed to close account or who did gifting, transferring or selling _____
Into what account were the proceeds deposited or who received the gift or transfer _____

Acct. #4 Type of asset _____
Names on account _____
Name of bank, broker, etc. _____
Account number _____
Date account closed, gifted, transferred or sold _____
Amount in account at time account closed _____
Who signed to close account or who did gifting, transferring or selling _____
Into what account were the proceeds deposited or who received the gift or transfer _____

Acct. #5 Type of asset _____
Names on account _____
Name of bank, broker, etc. _____
Account number _____
Date account closed, gifted, transferred or sold _____
Amount in account at time account closed _____
Who signed to close account or who did gifting, transferring or selling _____
Into what account were the proceeds deposited or who received the gift or transfer _____

Use the back of this page for additional closed accounts, transfers, gifts or sales.

DOCUMENTS TO PROVIDE WITH COMPLETED QUESTIONNAIRE

Copy of current Will, Trust, Durable General Power of Attorney, Living Will Declaration and Appointment of Health Care Representative, or other estate planning documents for applicant and/or spouse, and copies of driver's licenses for applicant and/or spouse.

DOCUMENTS TO PROVIDE WHEN YOU DECIDE TO GO FORWARD

1. Copy of most recent nursing home bill, if applicable.
2. Copies of personal documentation: Social Security cards, Medicare cards, birth certificates for applicant and/or spouse; and marriage license; death certificate of spouse.
3. Copies of military discharge papers for applicant and/or spouse, if applicable.
4. Copy of award letter from Social Security Disability or Supplemental Security Income, if applicable.
5. Copy of supplemental health insurance card, policy and current premium statement for applicant and/or spouse.
6. Copy of long term care policy for applicant and/or spouse. Please include benefit page.
7. Copy of any title(s) or registration issued by Department of Motor Vehicles: i.e. auto, mobile home, boat, trailer, truck, van, recreational vehicle, or other for applicant and/or spouse.
8. Copies of most current statements from financial institutions:
For all **open** accounts: checking, savings, Certificate of Deposits, brokerage, etc.
For all accounts **closed** anywhere in the last thirty-six (36) months, statement showing zero balance.
9. Copies of stock certificates, bonds, CDs, U.S. government bonds, municipals, annuities, Individual Retirement Accounts (IRAs), or any other deferred compensation plans for applicant and/or spouse.
10. Copy of any prepaid burial or cremation contract for applicant and/or spouse and copy of deed to cemetery plot owned by applicant and/or spouse. Copy of any special burial bank account for applicant and/or spouse.
11. Copy of deed to residence. If housing expenses are more than \$400 per month, current real estate tax bill, homeowners insurance policy and premium statement, mortgage payment bill, and utility expenses.
12. Copy of deed(s), tax bill, and proof of insurance and documentation of income and expenses for any other real property owned by applicant and/or spouse.
13. Copy of life insurance policies for applicant and/or spouse. Pages needed are the cover page, Declarations page which lists the information about the policy and the beneficiary information.
14. Verification of current income of applicant and/or spouse from: Social Security, Veterans Administration, Civil Service or private company. (Not the 1099 from last year's income)
15. Copy of any mortgage and/or promissory note **owing to** applicant and/or spouse.

After you have completed the Questionnaire, please sign the following statement:

I understand that it is my responsibility to disclose correct and complete information. I hereby attest that the information I have supplied is complete and accurate to the best of my knowledge. I realize that any changes must be reported as soon as possible.

Sign: _____

Date: _____

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