
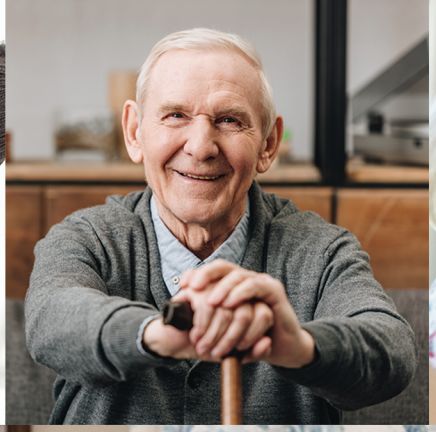

MEDICAID SUCCESS





PLANNING INTAKE FORM

MEDICAID SUCCESS™

PLANNING INTAKE

PRIMARY CONTACT INFORMATION

Date	File No.
Name	
Phone	E-mail

Primary Contact Status

☐ Spouse ☐ Agent Under Power of Attorney ☐ Court Appointed Guardian/Conservator ☐ Other

This form is extremely important. Your accuracy and completeness in responding will help us best provide the proper direction to help meet your concerns. All information provided on this form is considered personal and confidential and will not be shared without your permission.

CLIENT INFORMATION

Name		
Date of Birth (month,day,year)	Social Security Number	
Spouse Name (if applicable)		
Spouse Date of Birth (month,day,year) (if applicable)	Spouse Social Security Number (if applicable)	
Resident Address (prior to entering LTC facility)	State	Zip Code

Marital Status

☐ Single ☐ Married with Community Spouse ☐ Married with Facility Spouse ☐ Widowed ☐ Separated

Veteran Status

☐ Veteran ☐ Spouse of Veteran ☐ Widow/Widower of Veteran

US Citizen?

☐ Yes ☐ No

FACILITY INFORMATION

Facility Name		
Phone Number		
Facility Address	State	Zip Code
Admission Date	Monthly Cost	

MONTHLY INCOME

Income Type	Client Montly Income	Spouse Montly Income
Social Secuity Benefits (Include Medicare Part B Deduction)		
Retirement Benefits (Gross)		
VA Disability Benefit		
Annuity Income		
Rental Income		
Other Income		
TOTAL MONTHLY INCOME		

NON-SHELTER LIVING EXPENSES

Expense Type	Amount	Frequency (monthly, yearly, or quarterly)
Medical (Includes nursing home or assisted living)		
Life Insurance Premiums		
Health Insurance Premiums		

GIFTS

Have you made gifts to a trust, an individual, or group of individuals, within the past 60 months?

☐ Yes ☐ No

If yes, please list gifts below

Recipient	Date	Amount
Recipient	Date	Amount
Recipient	Date	Amount

Have you ever filed a Federal Gift Tax Return?

☐ Yes ☐ No

TAXES

Does the applicant/spouse expect to file taxes?

☐ Yes ☐ No

ASSET

ASSETS	CLIENT	SPOUSE	JOINT
PERSONAL EFFECTS			
AUTOMOBILE			
CHECKING (Bank Name and Acct #)			
SAVINGS (Bank Name and Acct #)			
MONEY MARKET (Bank Name and Acct #)			
CERTIFICATES OF DEPOSIT (Bank Name and Acct #)			
RESIDENCE (ASSESSED VALUE)			
OTHER REAL ESTATE			

ASSET (CONTINUED)

ASSETS	CLIENT	SPOUSE	JOINT
BROKERAGE/CAP ACCOUNTS (Bank Name & Acct #)			
MUTUAL FUNDS (Bank Name & Acct #)			
STOCKS (Holding Company, # of Shares, Cost/Share)			
BONDS (Holding Company, Bond Value)			
ANNUITIES (Company Name)			
CASH VALUE - LIFE INSURANCE (Company Name)			
TRADITIONAL IRA/ RETIREMENT PLANS			
ROTH IRA			
NURSING HOME DEPOSIT			
CONTINUING CARE CONTRACT DEPOSIT			
PREPAID FUNERAL			
OTHER			
TOTALS			

HEALTH INFORMATION

Health of Husband (include current diagnosis)

Where Husband Currently Resides

Type of Care Provided

☐ None ☐ Home Care ☐ Assisted Living ☐ Skilled Nursing Facility

Amount of Time in Current Location

Health of Wife (include current diagnosis)

Where Wife Currently Resides

Type of Care Provided

☐ None ☐ Home Care ☐ Assisted Living ☐ Skilled Nursing Facility

Amount of Time in Current Location

If Either Spouse is in a Nursing Home, Does the Nursing Home Accept Medicaid Payments?

☐ Yes ☐ No

PHYSICIAN INFORMATION

Full Name of Husband's Primary Physician

Street Address

City	State	Zip Code

Full Name of Wife's Primary Physician

Street Address

City	State	Zip Code

PHARMACEUTICAL PLANS

If you are a Veteran, are you currently receiving prescription benefits from the Veteran's Administration?

☐ Yes ☐ No

CHILDREN

Name of Child			Gender ☐ Male ☐ Female
Street Address		State	Zip Code
Phone	E-mail		
Date of Birth	Social Security Number		
Relationship to Husband ☐ Natural child	☐ Adopted	☐ Stepchild	☐ Child born out of wedlock
Relationship to Wife ☐ Natural child	☐ Adopted	☐ Stepchild	☐ Child born out of wedlock
Marital Status ☐ Single	☐ Married	☐ Divorced	Children
Name of Child			Gender ☐ Male ☐ Female
Street Address		State	Zip Code
Phone	E-mail		
Date of Birth	Social Security Number		
Relationship to Husband ☐ Natural child	☐ Adopted	☐ Stepchild	☐ Child born out of wedlock
Relationship to Wife ☐ Natural child	☐ Adopted	☐ Stepchild	☐ Child born out of wedlock
Marital Status ☐ Single	☐ Married	☐ Divorced	Children
Name of Child			Gender ☐ Male ☐ Female
Street Address		State	Zip Code
Phone	E-mail		
Date of Birth	Social Security Number		
Relationship to Husband ☐ Natural child	☐ Adopted	☐ Stepchild	☐ Child born out of wedlock
Relationship to Wife ☐ Natural child	☐ Adopted	☐ Stepchild	☐ Child born out of wedlock
Marital Status ☐ Single	☐ Married	☐ Divorced	Children

CHILDREN (CONTINUED)

THE FOLLOWING QUESTIONS APPLY TO ALL CHILDREN LISTED IN THIS INTAKE FORM

Are all of your children in good health? ☐ Yes ☐ No	Are any of your children blind or disabled? ☐ Yes ☐ No
Are any of your children receiving SSI or other forms of government benefits? ☐ Yes ☐ No	If yes, how much is monhtly payment?
Do any of your immediate family members have any problems with:	
AIDS? ☐ Yes ☐ No	Drug Addiction? ☐ Yes ☐ No
Alcoholism? ☐ Yes ☐ No	Spendthrift (debt problems or tax liens)? ☐ Yes ☐ No
Do any of your children live with you in your home? ☐ Yes ☐ No	If yes, name of child(ren)
Are you a contributer to a 529 plan? ☐ Yes ☐ No	Are you a trustee of an UGMA Account? ☐ Yes ☐ No

INTAKE SUBMISSION

WAYS TO SUBMIT

Email: info@medicaidsuccess.com

Fax: 888-742-4711

Mail: 24600 Center Ridge Rd., Ste. 270
Westlake, OH 44145

HAVE A QUESTION? **CALL US TODAY**

888-615-6144