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MEDICAID PLANNING INFORMATION SHEET

Client Name _____

Spouse's Name _____

Address _____ Tele. No. _____

Client: Age _____ Date of Birth _____ Social Security No. _____

Spouse: Age _____ Date of Birth _____ Social Security No. _____

Date of Nursing Home Admission _____

Name and Address of Nursing Home _____

Telephone _____

Client Documents: (please bring in or mail in copies of the below documents if in your possession)

Will? _____; Power of Attorney? _____ Gift Power? _____

Living Will? _____

Power of Attorney for health or health power? _____

Assets At Present:

1. Residence – How Titled?

Estimated Value _____ Fair Market Value per Real Estate
Tax Bill _____
(please provide copy of deed)

Balance Due on Mortgage if any _____

2. Car – How Titled?

Make, year and model: _____

3. Whole Life Insurance or Universal Life

A. Owner _____ Co-owner

No. _____ Face Value. _____ Cash
Value _____
Beneficiary _____

B. Owner _____ Co-owner

No. _____ Face Value _____ Cash Value

Beneficiary _____

C. Owner _____ Co-owner

No. _____ Face Value. _____ Case Value

Beneficiary _____

4. IRA _____ * Spouse's IRA

Present Value _____ Present Value _____
Beneficiary _____ Alternate Beneficiary

5. Pension _____ * Spouse's Pension

Beneficiary _____ Beneficiary

Are there any death benefits any pension? If so please state how the amount and how they are paid.

6. Medigap Insurance _____ Monthly
Premium _____

Prescription Insurance: (name of company) Is this Medicare plan D coverage? Cost per month per person:

Do you have traditional Medicare A and B? If not please state the name of company providing insurance:

7. Bank Accounts (owners on account)

(a) Bank _____ \$ _____ Title _____
Beneficiary _____

(b) Bank _____ \$ _____ Title _____
Beneficiary _____

(c) Bank _____ \$ _____ Title _____
Beneficiary _____

(d) Bank _____ \$ _____ Title _____
Beneficiary _____

(e) Bank _____ \$ _____ Title _____
Beneficiary _____

(f) Bank _____ \$ _____ Title _____
Beneficiary _____

8. Other investments/assets

(For each of these assets, please specify amount and names each asset is held in. Use additional sheets if necessary.)

9. * Burial Plots, Where? _____; Value

10. *Irrevocable Burial Accounts or Pre-paid Funeral Contracts

11. Trusts Created by Client/Spouse – Provide Copies

12. Trusts Created by Others – Provide Copies

13. Annuities – Provided Copies

14. Long Term Care Insurance – Provide Copy of Policy

Amount of daily benefit:

Debt: Please describe any debt owed by you or your spouse other than the mortgage on your home: State the nature of the debt, i.e. credit card or home equity loan or car loan, and the names of All who are obligated to pay it back and the current amount of the debt.

Income

Client

Spouse

1. Social Security _____

2. Pension _____

3. IRA Minimum Distribution _____

4. Other _____

Expenditures Following Nursing Home Admission (For Fair Consideration)

1. Burial Fund
2. Care At Home
3. Home Repairs
4. Mortgage Pay Down
5. Legal Fees
- 6.
- 7.
- 8.

Transfers Without Fair Consideration (gifts) – Last Five Years

1. Gift To _____ Date _____
\$ _____

2. Gift To _____ Date _____
\$ _____

Total _____
\$ _____

Children or Others That Should Be Considered As Beneficiaries

- 1.
- 2.
- 3.
- 4.

Are any of the above minor or disabled children or disabled other individuals?

Transfers of assets into a Trust in the last five years? Please state amounts, dates of transfers and provide a copy of the trust document.

Veteran Status: Is anyone a veteran? If so what branch of service Reserves, National Guard, Active Military

Approximate Dates of Active Service

November 2011