



# Law Offices of Damaris G. Claude

## *Estate Planning and Elder Law*

### Medicaid Consult Questionnaire

Applicant / Client	
Full Legal Name:	
Date of Birth:	
Current Age:	
Social Security Number:	
Address:	
County of Residence:	
<b>Marital Status:</b>	
<input type="checkbox"/>	If Divorced - receiving alimony?
<input type="checkbox"/>	If Widowed - when did your spouse pass?
<input type="checkbox"/>	If Married - for how long?
<input type="checkbox"/>	If Married - spouse name:
<input type="checkbox"/>	If Married - spouse health:
<b>Estate Planning Documents:</b>	
<input type="checkbox"/>	If yes - please provide copies
<b>Health:</b>	
<input type="checkbox"/>	Good; Bad; So-So for Age:
<input type="checkbox"/>	Chronic Illnesses or conditions:
<input type="checkbox"/>	Current Diagnoses:
<input type="checkbox"/>	History of Illnesses in family:
<b>Living Situation:</b>	
<input type="checkbox"/>	Own Home / Assisted Living Facility / Skilled Nursing Facility:
<input type="checkbox"/>	If Home, other family members:

<b>Real Property:</b>	
Does the applicant/client own any real property (real estate, house, condos, timeshare?)	
If so, where: address/county:	
How is title held? (As husband and wife; in client's name alone, or joint with a child or relative?)	
Is it the applicant/client's homestead?	
Does anybody live at the property If so, whom?	
If applicant/client is in nursing home, has homestead ever been rented?	
What are plans with respect to homestead?	
(Sell at later date, Have a family member live in home Rent)	
Does the applicant own any rental property?	
If yes, rental income amount:	
<b>Children (Y or N)?</b>	
How many?	
Names:	
Ages:	
Marital Status:	
Healthy? Disabilities? Illnesses?	
If yes, nature of disability(s)	
Do they have their own estate planning documents done?	
Leaving anything to the applicant/client?	
<b>Applicant's Parents still living?</b>	
If so, Estate Planning done?	

Leaving anything to applicant/client?	
<b>Applicant's Siblings?</b>	
Leaving anything to applicant/client?	
Is applicant/client designated as the beneficiary of any life insurance policy, IRA, 401(k), Pension belonging to another person?	
<b>Income and Assets:</b>	
Is the applicant/client receiving VA benefits?	
If so, what type? A&A, Pension?	
Is the applicant/client receiving Social Security? If so bring statement in evidencing what type of benefit (Retirement, SSDI?) and how much being received per month.	
Does applicant/client have IRA or 401k?	
Value:	
Does applicant/client have Checking Account?	
How title held (jointly with another or in own name only)	
Value:	
Does applicant/client have Savings Account?	
How title held (jointly with another or in own name only)	
Value:	
Does applicant/client have CDs or Stock?	
How title held (jointly with another or in own name only)	
Value:	
Does applicant/client have MMA other than as listed above?	

How title held (jointly with another or in own name only)	
Value:	
Does applicant/client have any other benefits that he or she is receiving monthly?	
Value:	
Is applicant/client making gifts of money or property or given money or property to any friend or family member for less than fair market value on a regular basis?	
If yes, to whom, and how much or of what nature were the assets?	
If not on a regular basis has client/applicant made any gifts (as above) in the last 5 years?	
Has applicant/client seen a Care Manager yet?	
If not why (please choose):	
Don't know what a care manager is/does.	
Didn't think it was/is necessary yet.	
Do not know any care managers.	
That's why I'm here.	
Other:	

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