MEDICAID SUCCESS DIRECT

PRIMARY CONTACT INFORMATION

Date_____ File No._____

Name_____

Home Phone No._____ Business Phone No._____

Cell Phone No._____ Fax No._____

E-Mail Address_____

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

CLIENT INFORMATION

(Husband)
Full Name_____
(Full Legal Name)

(Wife)
Full Name_____
(Full Legal Name)

Street Address_____

City_____ State_____ Zip_____

(Husband)
Birth Date_____

(Wife)
Birth Date_____

Social Security No._____

Social Security No._____

U.S. Citizen? ☐ Yes ☐ No
Veteran? ☐ Yes ☐ No

U.S. Citizen? ☐ Yes ☐ No
Veteran? ☐ Yes ☐ No

MEDICAL DATA

HEALTH

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 Nursing Home
Does the Nursing Home Accept Medicaid Payments: ❑ Yes ❑ No

PHYSICIAN

Full Name of Husband's Primary Physician_____

Street Address_____

City_____ State_____ Zip_____

Full Name of Wife's Primary Physician_____

Street Address_____

City_____ State_____ Zip_____

PHARMACEUTICAL PLANS

If you are a Veteran, are you currently receiving
prescription benefits from the Veteran's Administration? ❑ Yes ❑ No

MONTHLY INCOME

	Husband's Monthly Income	Wife's Monthly Income
Social Security Benefits (include Medicare Part B Deduction, if applicable)	$_____	$_____
Retirement Benefits (Gross)	$_____	$_____
VA Disability Benefit	$_____	$_____
Annuity Income	$_____	$_____
Rental Income	$_____	$_____
Other_____	$_____	$_____
TOTAL MONTHLY INCOME	$_____	$_____

If there is a pension, please list the **gross pension amount**, including any monies taken out for federal income taxes, health insurance, or any other reason. Do not include interest and dividend income in this section of the form.

MONTHLY SHELTER EXPENSES

(Provide monthly amount only. Divide annual expenses by 12 and quarterly expenses by 4.)

		Frequency
Rent/Mortgage	$_____	❑mo. ❑yr. ❑ qtr.
Real Estate Taxes	$_____	❑mo. ❑yr. ❑ qtr.
Water	$_____	❑mo. ❑yr. ❑ qtr.
Sewer	$_____	❑mo. ❑yr. ❑ qtr.
Utilities (Heat, Electric & Telephone)	$_____	❑mo. ❑yr. ❑ qtr.
Homeowner's insurance premium	$_____	❑mo. ❑yr. ❑ qtr.
Condominium fees	$_____	❑mo. ❑yr. ❑ qtr.
Total Monthly Shelter Expenses	$_____	

MONTHLY NON-SHELTER LIVING EXPENSES

(Provide monthly amount only. Divide annual expenses by 12 and quarterly expenses by 4.)

		Frequency
Food	$_____	❑mo. ❑yr. ❑ qtr.
Medical (include nursing home or assisted living)	$_____	❑mo. ❑yr. ❑ qtr.
Clothing	$_____	❑mo. ❑yr. ❑ qtr.
Transportation (including auto insurance)	$_____	❑mo. ❑yr. ❑ qtr.
Home Maintenance	$_____	❑mo. ❑yr. ❑ qtr.
Life Insurance Premiums	$_____	❑mo. ❑yr. ❑ qtr.
Health Insurance Premiums	$_____	❑mo. ❑yr. ❑ qtr.
Cable TV	$_____	❑mo. ❑yr. ❑ qtr.
Federal and State Income Taxes	$_____	❑mo. ❑yr. ❑ qtr.
Other	$_____	❑mo. ❑yr. ❑ qtr.
Total Monthly Non-Shelter Living Expenses	$_____	❑mo. ❑yr. ❑ qtr.

GIFTS

Have you made gifts to a trust, an individual, or group of individuals, within the past 60 months, or to a trust within the past 60 months? ❑ Yes ❑ No

If yes, list below:

Recipient_____ Date_____ Amount_____

Recipient_____ Date_____ Amount_____

Recipient_____ Date_____ Amount_____

Have you ever filed a Federal Gift Tax Return? ❑ Yes ❑ No

If yes, please state details (attach additional sheets if necessary):

_____

_____

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ASSETS/LIABILITIES

ASSETS	HUSBAND	WIFE	JOINT	LIABILITIES
PERSONAL EFFECTS				
AUTOMOBILE				
CHECKING				
SAVINGS				
MONEY MARKET				
CERTIFICATES OF DEPOSIT				
RESIDENCE (ASSESSED VALUE) COST BASIS (PURCASE PRICE):$_____				
OTHER REAL ESTATE				
ADDITIONAL AUTOMOBILES				

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ASSETS/LIABILITIES (continued)

ASSETS	HUSBAND	WIFE	JOINT	LIABILITIES
BROKERAGE/CAP ACCOUNTS				
MUTUAL FUNDS				
STOCKS				
BONDS				
ANNUITIES				
CASH VALUE - LIFE INSURANCE				
TRADITIONAL IRA/RETIREMENT PLANS				
ROTH IRA				
NURSING HOME DEPOSIT				
CONTINUING CARE CONTRACT DEPOSIT				
PREPAID FUNERAL				
OTHER:				
TOTALS:				

CHILDREN

(Please include all adult and minor children. Use additional sheets if necessary.)

Name of Child_____ Gender: ☐Male ☐Female

Street Address_____

City_____ State_____ Zip_____

Home Phone #_____ Work Phone # _____

Date of Birth_____ Social Security # _____

E-mail Address_____

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_____

City_____ State_____ Zip_____

Home Phone #_____ Work Phone # _____

Date of Birth_____ Social Security # _____

E-mail Address_____

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)

Name of Child_____ Gender: ☐Male ☐Female

Street Address_____

City_____ State_____ Zip_____

Home Phone #_____ Work Phone # _____

Date of Birth_____ Social Security # _____

E-mail Address_____

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: _____

THE FOLLOWING QUESTIONS APPLY TO ALL CHILDREN LISTED ABOVE

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 the child's monthly payment? $_____

Is the child receiving Medicaid or Medicare? ❑ Medicaid ❑ Medicare

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
Marital Difficulty?	❑ Yes ❑ No

Do any of your children live with you in your home? ❑ Yes ❑ No

If yes, name of child(ren)_____

Are you a contributor to a 529 Plan? ❑ Yes ❑ No

Are you the trustee of an UGMA Account? ❑ Yes ❑ No

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PRIMARY CONTACT AUTHORITY

Complete this section if the primary contact person is someone other than the client(s). Please provide authority documentation.

Name_____

Street Address_____

City_____ State_____ Zip_____

Home Phone #_____ Work Phone #_____

Mobile # _____ Fax #_____

E-mail Address_____

Authority: ❑ I have been named agent under power of attorney for one or both of the clients.
❑ I have been appointed guardian or conservator for one or both of the clients.

REFERRAL SOURCE

Please tell us how you learned about our services.

❑ Web site ❑ Internet search engine ❑ Link from another site ❑ Newsletter ❑ Advertisement

❑ Word of mouth ❑ Heard about you on the radio/television/YouTube ❑ Referred by someone

❑ I was referred by:

Name_____

Street Address_____

City_____ State_____ Zip_____

Home Phone # _____ Work Phone #_____

Mobile # _____ E-mail Address_____

Referral is: ❑ Attorney ❑ Financial Planner ❑ Previous Client ❑ Doctor ❑ CPA
❑ Social Worker ❑ Friend ❑ Family Member ❑ Other _____

Can we discuss this case with the person who referred you to our office?
By signing here, you authorize our office to discuss this case with the person who referred you to our office. This authorization can be rescinded at any time in writing.

Signature: _____ ____/____/____ Printed Name:_____
DATE

Please email completed intake packet to info@medicaidsuccess.com or mail to
Medicaid Success Direct: 24600 Center Ridge Rd, Ste 240, Westlake, OH 44145