

INCOME AND ASSET WORKSHEET (Medicaid)

I. General Information

Institutionalized Person _____
 SS # _____ Birth date _____ Citizenship _____
 Nursing Home _____
 Date *entered Hospital* _____
 Date *entered Nursing Home* _____
 Veteran: Yes _____ No _____

Spouse/Other(specify) _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Birth date _____
 SS# _____ Citizenship _____
 Veteran: Yes _____ No _____

✓ **PLEASE BRING A COPY OF ANY ESTATE DOCUMENTS FOR THE ABOVE PERSON(S).**

- Yes No Is there a Guardianship or Conservatorship for the institutionalized spouse? If your response is "Yes," provide a copy of Guardianship and/or Conservatorship appointment papers from the court
- Yes No Is there a disabled adult child? If yes please provide information in the "Disability" section below.
- Yes No Has any child age 21 or over lived in the homestead for at least two years immediately before the client's admission to the nursing home **and** provided care that would otherwise have required nursing home care as documented by a physician's (M.D. or D.O.) statement.
- Yes No Are there any co-owners of the home? If yes please provide information in the "Deeds" section below.
- Yes No Is the home in a trust? If yes please provide information in the "Deeds" section below

II. Income

Answer every item YES or NO. For each YES, specify monthly amount and payee (who receives the income). Bring documentation for all YES answers.

Amount	Payee
<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____ Social Security, Client
<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____ Social Security, Spouse
<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____ Supplemental Security Income
<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____ Retirement Benefits (pension, IRA, Keogh, 401K, other)
<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	_____ Veteran's Benefits

- Yes No \$ _____ Disability Benefits
- Yes No \$ _____ Annuities
- Yes No \$ _____ Rental Income or Land Contracts held
- Yes No \$ _____ Worker's Compensation
- Yes No \$ _____ Child Support
- Yes No \$ _____ Unemployment Compensation
- Yes No \$ _____ Military Allotments
- Yes No \$ _____ Gaming Distributions (Casino Profit Sharing)
- Yes No \$ _____ Income from proceeds of a lawsuit
- Yes No \$ _____ Other Income (Please specify)

III. Assets

Answer each item YES or NO. For each YES, list all assets owned by you and your spouse individually or jointly AND all assets owned jointly by you or your spouse and any other person. For each, provide the following:

1. Documentation which shows the current value of the asset.
2. "Snap Shot" date value (provide ONLY if a married Medicaid applicant) -- documentation showing the asset value on the date the patient entered a long term care facility where s/he received continuous care 30 days or longer (known as the "snap shot date" in Medicaid jargon). The "snap shot" date is often the first date the patient entered a hospital, was there for three (3) days, and from there transferred to a nursing home (the total number of days under long term care totaling 30 or more). The "snap shot" date is used to determine the couple's total "countable assets" (as defined by Medicaid rules) during the "initial assessment" process.
3. For Medicaid applicants ONLY, documentation which shows the asset value three (3) months prior to the date of your appointment with our office.

* If you provide computer printout statements please have the representative sign and stamp the printout with the bank stamp.

	Current Value	"Snap Shot" Date Value	Owner Name(s) (specify "J" if jointly owned)	
[<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	\$ _____	_____	Cash on Hand or in Safety
				Deposit Box
	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	\$ _____	_____	Checking Account
	\$ _____	\$ _____	_____	"
	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	\$ _____	_____	Savings Account
	\$ _____	\$ _____	_____	"
	\$ _____	\$ _____	_____	"
	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	\$ _____	_____	Certificate of Deposit
	\$ _____	\$ _____	_____	"
	\$ _____	\$ _____	_____	"
	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	\$ _____	_____	Patient Trust Fund
	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	\$ _____	_____	Savings Bonds
	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	\$ _____	_____	Money Market Funds

<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	IRA, Keogh, 401K or deferred compensation acct
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	Trust Funds
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	Stocks or Mutual Funds
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	Annuities
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	T-Bills
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	Mortgage, land contract or other notes payable to you
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	Life Insurance policies
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	Home
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	Real estate other than home
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	Car/van/truck/boat/camper/trailer/snowmobiles/other
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	Funeral contracts
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	Burial plots, casket, etc.
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	Other (please specify)
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	Other (please specify)
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	\$ _____	_____	Other (please specify)

IV. Trusts

Yes No Do you have a trust for the institutionalized person, spouse or a child? If so please write down the name and date of the trust and supply us a copy.

V. Deeds

Yes No Do you have any real property, including the homestead? Any unrecorded deeds? Please identify the property, the grantors (signors) and the grantees (recipients) and supply us a copy of the deeds.

VI. Gifts

Yes No Have you and/or your spouse given a monetary gift within the last 3 years? If YES, please explain and bring all records of the gifts:

VII. One Time Payments

Yes No Have you and/or your spouse received a one-time cash payment in the last 36 months (3 years) such as an insurance settlement, lawsuit award, worker's compensation, lottery winnings, etc.,

or do you have a pending lawsuit that may bring property or money to you? If YES, please explain and bring all records of the payment: _____

VIII. Disabled Children

Yes No Does the institutionalized person have a child who is under the age 65 and receiving disability from Social Security? If so please identify the child and provide a copy of the awards of RSDI (Social Security) benefits

IX. Documents

We will need the following documents. Please bring them with you to your appointment.

- Yes No Copy of your and your spouse's social security card.
- Yes No Copy of your and your spouse's drivers license (even if expired).
- Yes No Copy of your and your spouse's Medicare card.
- Yes No Copy of your and your spouse's health insurance card.
- Yes No Utility bills for the month of application.
- Yes No Recent statement of Veteran's benefits.
- Yes No Recent statement of Homeowner's insurance.
- Yes No Recent mortgage statement.
- Yes No Recent rent statement for your spouse.
- Yes No Recent condominium fee statement.
- Yes No Recent special assessment statement.
- Yes No Recent tax bills for your and/or your spouse's home and any other property you and/or your spouse own.
- Yes No Recent health insurance premium statement for you and your spouse.
- Yes No 2008 social security benefit letter for you and your spouse.
- Yes No 2008 pension letter for you and/or your spouse or pension check stub.
- Yes No Copy of any Long Term Care Insurance policies.
- Yes No Copy of birth certificate, passport, naturalization papers, citizenship papers, or legal residency documents

***Please keep us current with monthly statements for banks, money market accounts, brokerage accounts, etc.**