

**MARRIED CLIENT QUESTIONNAIRE**  
**Medicaid Planning Information**

**Boulder Elderlaw/Law Office of K. Gabriel Heiser**

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This questionnaire is intended to elicit preliminary information necessary to help us with estate and entitlements planning pertinent to your particular circumstances. The more complete and accurate your responses, the better we will be able to serve you. Feel free to attach extra sheets if necessary.

Please bring the completed form to our first meeting. Please also try to bring to the first meeting copies of the elder's will, trusts, deeds, powers of attorney, and other legal papers you may have. Please feel free to contact me at **(303) 447-6855** with any questions.

**PERSONAL DATA**

1. **Name of Spouse Living at Home:** \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Retirement date: \_\_\_\_\_ Veteran: \_\_Y \_\_N

**Other Spouse:** \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Employer: \_\_\_\_\_ Retirement date: \_\_\_\_\_ Veteran: \_\_Y \_\_N

2. **If spouse is currently in health care facility:**  
Name of facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of facility: \_\_\_\_\_ Level of Care: \_\_\_\_\_ Date of Admission: \_\_\_\_\_  
If spouse entered this facility from *another* health care facility, date of his/her admission to the *initial* facility: \_\_\_\_\_  
Mental Health Status: \_\_\_\_\_  
Physical Health Status: \_\_\_\_\_  
Current source of payments for spouse's care: \_\_\_\_\_

**FAMILY**

3. **Name(s) of child(ren):**  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (day): \_\_\_\_\_ (night): \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (day): \_\_\_\_\_ (night): \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (day): \_\_\_\_\_ (night): \_\_\_\_\_

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List any special medical, educational, or other extraordinary personal or financial needs of any of the children: \_\_\_\_\_

(use additional sheets if necessary)

4. **Is anyone (other than your spouse) dependent upon the Elder Person for support? If so, please identify the person, and provide some general information as to the reason for, and extent of, support provided:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROPERTY**

5. **List your own and your spouse's property with estimated fair market values in the broad categories provided. Specify how the property is held; "H" if owned by husband alone, "W" if owned by wife alone; and "Jt" if owned jointly by both spouses.**

<b><u>Family Residence</u></b>	<b><u>Value</u></b>	<b><u>Ownership</u></b>
Tax assessed value:	_____	_____
Mortgage balance:	_____	_____
Year of purchase:	_____	_____
Purchase price:	_____	_____

<b><u>Other Real Estate</u></b>	<b><u>Value</u></b>	<b><u>Ownership</u></b>
Location: _____		
Tax assessed value:	_____	_____
Mortgage balance:	_____	_____
Year of purchase:	_____	_____
Purchase price:	_____	_____

<b><u>General Household</u></b>	<b><u>Value</u></b>	<b><u>Ownership</u></b>
Furniture:	_____	_____
Furnishings:	_____	_____

<b><u>Household effects of special value</u></b> (china, silver, antiques, works of art, collections, etc.)	<b><u>Value</u></b>	<b><u>Ownership</u></b>
	_____	_____
	_____	_____

<b><u>Automobile(s)</u></b>	<b><u>Value</u></b>	<b><u>Ownership</u></b>
#1 Year:	_____	_____
Make:	_____	_____
Value:	_____	_____
Loan balance:	_____	_____
#2 Year:	_____	_____
Make:	_____	_____
Value:	_____	_____
Loan balance:	_____	_____

<b><u>Bank Savings or Money Market Accounts</u></b>		
Account No. _____	Bank: _____	Amt. _____
Account No. _____	Bank: _____	Amt. _____
Account No. _____	Bank: _____	Amt. _____

<b><u>Bank Checking Accounts</u></b>		
Account No. _____	Bank: _____	Amt. _____
Account No. _____	Bank: _____	Amt. _____
Account No. _____	Bank: _____	Amt. _____

<b><u>Bank Certificates of Deposit</u></b>		
Account No. _____	Bank: _____	Amt. _____
Account No. _____	Bank: _____	Amt. _____
Account No. _____	Bank: _____	Amt. _____

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5. Continued...

**Mutual Funds**

Fund name: \_\_\_\_\_ Current value: \_\_\_\_\_  
Fund name: \_\_\_\_\_ Current value: \_\_\_\_\_  
Fund name: \_\_\_\_\_ Current value: \_\_\_\_\_  
Fund name: \_\_\_\_\_ Current value: \_\_\_\_\_

**Stocks and Bonds**

(Name): \_\_\_\_\_ Current Value: \_\_\_\_\_  
(Name): \_\_\_\_\_ Current Value: \_\_\_\_\_  
(Name): \_\_\_\_\_ Current Value: \_\_\_\_\_  
(Name): \_\_\_\_\_ Current Value: \_\_\_\_\_

**IRAs, Keoghs, 401K plans, annuities**

Type of Plan: \_\_\_\_\_ Current Value: \_\_\_\_\_  
Type of Plan: \_\_\_\_\_ Current Value: \_\_\_\_\_

**Business interests**

(such as limited partnership, realty trusts, ownership of closely held corporation, royalty rights, etc)

Describe: \_\_\_\_\_

**Prepaid Funeral** (if applicable)

Burial account: \_\_\_\_\_  
Burial insurance: \_\_\_\_\_  
Plot: \_\_\_\_\_  
Headstone: \_\_\_\_\_

**Other assets**

(other than life insurance)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **List life insurance on you or your spouse, specifying for each policy, whether it is a whole life or term policy, the owner, beneficiary, on whose life is insured, the face amount of the policy, and its cash surrender value (less outstanding loans) if any:**

Whole or term: \_ Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Insured: \_\_\_\_\_ Face Amount: \_\_\_\_\_ Cash Value: \_\_\_\_\_  
Whole or term: \_ Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Insured: \_\_\_\_\_ Face Amount: \_\_\_\_\_ Cash Value: \_\_\_\_\_  
Whole or term: \_ Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Insured: \_\_\_\_\_ Face Amount: \_\_\_\_\_ Cash Value: \_\_\_\_\_

7. **Do either you or your spouse expect to inherit significant property or have a "power of appointment" under anyone else's will or trust?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **List your own and your spouse's debts, if any, of the elder, other than any mortgage:**

To Whom: \_\_\_\_\_ Amount due: \_\_\_\_\_  
To Whom: \_\_\_\_\_ Amount due: \_\_\_\_\_  
To Whom: \_\_\_\_\_ Amount due: \_\_\_\_\_

9. **Are either you or your spouse the beneficiary of any trust?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please enclose a photocopy of a signed version, if available, or provide whatever information you can on the terms and conditions of the trust, identity of the current trustee, amount of principal, etc.

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\_\_\_\_\_

\_\_\_\_\_

10. **Is any of the property or income of you or your spouse the subject of a legal proceeding or ownership dispute, under a lien or court order, or is otherwise inaccessible or nonmarketable?**  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain briefly: \_\_\_\_\_

\_\_\_\_\_

11. **During the last 60 months, have either you or your spouse made any large gifts (\$2,500 more in value), placed any property into trust, transferred any real estate or other property for less than fair market value, or removed or added names to joint accounts?**  
 Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please list each action and explain when and why the transfer was made: \_\_\_\_\_

\_\_\_\_\_

12. **Please provide the following information regarding the monthly income of you and your spouse:**

<b><u>SOURCE</u></b>	<b><u>Husband</u></b>	<b><u>Wife</u></b>
Work Earnings	_____	_____
Social Security Retirement	_____	_____
Social Security Disability	_____	_____
Supplemental Security Income	_____	_____
Veterans' Benefits	_____	_____
Private Pension	_____	_____
Annuity	_____	_____
Public Employment Pension	_____	_____
Railroad Retirement	_____	_____
Support from Spouse	_____	_____
Regular Support from Others	_____	_____
Unemployment Compensation	_____	_____
Worker's Compensation	_____	_____
Regular Income from Trust	_____	_____
Rental Income	_____	_____
Interest and Dividends	_____	_____
Other Income (_____)	_____	_____

13. **If your spouse is in a medical facility, please answer the following questions, as he/she may be entitled to support for living expenses:**

How much do you pay each month for:

Rent: \$ \_\_\_\_\_  
 Mortgage: \$ \_\_\_\_\_ (including interest/principal)  
 Property Taxes: \$ \_\_\_\_\_  
 Homeowner's or Tenant's Insurance: \$ \_\_\_\_\_  
 Required Maintenance Charges: \$ \_\_\_\_\_ (for condominium)

If you live in an apartment or condominium and have to pay separately for heat, what is the average cost per month?

Heat: \$ \_\_\_\_\_ Electricity: \$ \_\_\_\_\_ Natural Gas: \$ \_\_\_\_\_ Phone: \$ \_\_\_\_\_

14. **Does a child, parent, sibling, or other family member currently live in your home?**

Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If you answered Yes, is any portion of your income directly or indirectly used to provide all or a portion of his/her support?

Yes \_\_\_\_\_ No \_\_\_\_\_

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(b) If you answered Yes to (a), describe the circumstances, the reasons for the arrangement, and how it is being handled financially: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Please provide the following information for each person to whom you or your spouse are furnishing support:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
DOB: \_\_\_\_\_ Amount of Monthly Support: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
DOB: \_\_\_\_\_ Amount of Monthly Support: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
DOB: \_\_\_\_\_ Amount of Monthly Support: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
DOB: \_\_\_\_\_ Amount of Monthly Support: \_\_\_\_\_

15. **Please check in the appropriate box and provide the following information regarding your health insurance:**

Medicare

\_\_\_\_ Yourself                      Number: \_\_\_\_\_  
\_\_\_\_ Spouse                        Number: \_\_\_\_\_  
\_\_\_\_ Supplemental insurance for self    Company: \_\_\_\_\_ Number: \_\_\_\_\_  
\_\_\_\_ Supplemental insurance for spouse    Company: \_\_\_\_\_ Number: \_\_\_\_\_

Medicaid

\_\_\_\_ Yourself                      Number: \_\_\_\_\_  
\_\_\_\_ Spouse                        Number: \_\_\_\_\_

Other Health Insurance

\_\_\_\_ Yourself                      Company: \_\_\_\_\_ Number: \_\_\_\_\_  
\_\_\_\_ Spouse                        Company: \_\_\_\_\_ Number: \_\_\_\_\_

16. **Please summarize the work histories of you and your spouse, particularly with regard to relative length of employment and relative earnings:**

You: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Spouse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. **Did either you or your spouse come to the marriage with significant amounts of property or later individually acquire significant property, other than from work or investment earnings, such as by inheritance?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain briefly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. **Have either you or your spouse, during the last 90 days, had substantial medical expenses, such as nursing home or hospital bills, which have not been paid and are not expected to be paid by Medicare, Medigap insurance, long-term care insurance, or other insurance?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please provide details and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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19. **Have any of your children, brothers or sisters lived with the elder during the last two years?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If so, please describe the circumstances of the individual, the reason for the arrangement, and how it was handled financially:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. **To the extent not already noted above, please describe any significant changes that the elder may anticipate occurring at any time over the course of the next 5 years with respect to his/her (a) personal, marital or family situation; (b) employment; or (c) financial situation as it relates to his/her level of income, debt or assets.**

(a) \_\_\_\_\_

\_\_\_\_\_

(b) \_\_\_\_\_

\_\_\_\_\_

(c) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

21. **Please provide the following monthly expense *estimates*:**

<b><u>Essential Expenses</u></b>	<b><u>Dollar amount</u></b>
Food:	
Groceries	_____
Lunches out	_____
Dinners out	_____
Other	_____
Clothing:	
Clothes	_____
Tailor	_____
Dry-cleaning	_____
Laundry	_____
Housing:	
Rent	_____
Mortgage	_____
Real estate taxes	_____
Water and sewer	_____
Electricity	_____
Natural Gas	_____
Oil	_____
Telephone	_____
Service Contracts	_____
Second mortgage	_____
Home equity loan	_____
Other loan	_____
Rubbish removal	_____

21. Continued...

<b><u>Essential Expenses</u></b>	<b><u>Dollar amount</u></b>
Housing (continued)	
Snow removal	_____
Yard care	_____
Mortgage insurance	_____
Condo fee	_____
Homeowner insurance	_____
Tenant insurance	_____

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	Cable television	_____
	Major repairs	_____
	Other(_____)	_____
Transportation:		
	Auto loan payment	_____
	Auto lease payment	_____
	Repairs/maintenance	_____
	Gas/oil	_____
	Excise tax	_____
	Insurance	_____
	Registration	_____
	Inspection	_____
	License fees	_____
	Casual rental	_____
	Parking fees	_____
	Highway tolls	_____
	Auto/Travel Club	_____
	Taxis, public transport	_____
	Other (_____)	_____
	Portion of transportation costs allocable to employment:	
	Fraction from employment	_____
	Fraction from personal	_____
Medical (to extent not reimbursed by insurance):		
	Nursing home fees	_____
	Medical insurance	_____
	Physician services	_____
	Optometrist fees	_____
	Dental treatment	_____
	Psychological counseling	_____
	Physical therapy	_____
	Occupational therapy	_____
	Home Health aides	_____
	Visiting nurses	_____
	Personal care services	_____
	Eyeglasses	_____
	Hearing aids	_____
	Prescription medicines	_____
	Nonprescription medicines	_____
	Medical appliances	_____
	Other (_____)	_____
Miscellaneous:		
	Companion services	_____
	Respite care	_____
	Adult Day care	_____
	Dependent care	_____
	Entertainment	_____
	Homemaker services	_____
	Health care	_____
	Toiletries	_____
	Pet costs:      Food	_____
	Vet	_____
	Church offerings/temple dues	_____

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Grooming \_\_\_\_\_  
Debt payment \_\_\_\_\_  
Debt payment \_\_\_\_\_  
Other ( \_\_\_\_\_ ) \_\_\_\_\_  
Other ( \_\_\_\_\_ ) \_\_\_\_\_  
Other ( \_\_\_\_\_ ) \_\_\_\_\_

22. **If either you or your spouse are veterans, please provide the following information:**

You

Branch of service: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Dates of service: \_\_\_\_\_ VA claim No.: \_\_\_\_\_

Spouse

Branch of service: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Dates of service: \_\_\_\_\_ VA claim No.: \_\_\_\_\_

**THANK YOU!!!**