

SINGLE CLIENT QUESTIONNAIRE
Medicaid Planning Information

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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 Elder Person:** _____
DOB: _____ SSN: _____ - _____ - _____
Street Address: _____
City, State, Zip: _____
County: _____ Day Phone: _____ Eve. Phone: _____
Employer: _____ Retirement date: _____ Veteran: _____

2. **If elder person is currently in health care facility:**
Name of facility: _____
Address: _____

Type of facility: _____ Level of Care: _____ Date of Admission: _____
If elder 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 elder'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): _____
Name: _____ DOB: _____ Marital Status: _____
Address: _____
Phone (day): _____ (night): _____

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

(use additional sheets if necessary)

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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 as follows, 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. **Is the elder expected 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 all debts, if any, of the elder, other than any mortgage:**

To Whom: _____ Amount due: _____
To Whom: _____ Amount due: _____
To Whom: _____ Amount due: _____

9. **Is the Elder Person 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.

10. **Is any of the property or income, of the elder, individually, 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, has the elder made any large gifts (\$2,500 more in value), placed any**

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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 elder's monthly income:**

Source

- 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 the elder is in a medical facility, please answer the following questions, as he/she may be entitled to support for living expenses:**

How much does the elder pay each month for:

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

If the elder lives in an apartment or condominium and has 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 the elder's home?**

Yes _____ No _____

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

Yes _____ No _____

(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 the elder is furnishing support:

Name: _____ Relationship: _____

DOB: _____ Amount of Monthly Support: _____

Name: _____ Relationship: _____

DOB: _____ Amount of Monthly Support: _____

Name: _____ Relationship: _____

DOB: _____ Amount of Monthly Support: _____

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Name: _____ Relationship: _____
DOB: _____ Amount of Monthly Support: _____

15. **Please provide the following information regarding the elder's health insurance:**

Medicare

Number: _____

Supplemental insurance - Company: _____ Number: _____

Medicaid

Number: _____

Other Health Insurance

Company: _____ Number: _____

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

17. **Has the elder, 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:

18. **Have any of the elder's 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:

19. **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) _____

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

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

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20. Continued...

<u>Essential Expenses</u>	<u>Dollar amount</u>
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	_____
Grooming	_____
Debt payment	_____
Debt payment	_____
Other (_____)	_____
Other (_____)	_____
Other (_____)	_____

21. **If the elder is a veteran, please provide the following information:**

Branch of service: _____ Serial No.: _____
 Dates of service: _____ VA claim No. _____

Thank you!!!