

INCOME AND ASSET WORKSHEET

I. General Information

Institutionalized Spouse _____
 SS #: _____ Birthdate: _____ Citizenship _____
 Nursing Home: _____
 Date entered Hospital: _____
 Date entered Nursing Home: _____
 Veteran: Yes _____ No _____
 Spouse/Other(specify): _____
 Address: _____
 City: _____ State: _____ Zip _____
 Phone: _____ Birthdate: _____
 SS#: _____ Citizenship: _____
 Veteran: Yes _____ No _____

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.

II. Income

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

Yes	No	Amount	Individually/ Jointly Held	
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Social Security, Client
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Social Security, Spouse
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Supplemental Security Income
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Retirement Benefits (pension, IRA, Keogh, 401K, other)
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Veteran's Benefits
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Disability Benefits
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Annuities
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Rental Income or Land Contracts held
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Worker's Compensation
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Child Support
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Unemployment Compensation
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Gaming Distributions (Casino Profit Sharing)
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Income from proceeds of a lawsuit
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Other Income (Please specify)
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Other Income (Please specify)
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/> I <input type="checkbox"/> J	Other Income (Please specify)

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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.

Yes	No	Value Date	Amount	Individually/ Jointly Held		Description and Location
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Cash on Hand (or in Safety Deposit Box)
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Checking Account
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Checking Account
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Checking Account
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Savings Account
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Savings Account
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Savings Account
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Social Security, Spouse
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Certificate of Deposit
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Patient Trust Fund
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Savings Bonds
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Money Market Funds
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	IRA, Keogh, 401K or Deferred Comp Plan
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Trust Funds
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Stocks or Mutual Funds
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Annuities
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	T-Bills
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Life Insurance policies
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$	I	J	Home

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<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Real estate other than home
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Assets (Car/van/truck/boat/
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Funeral Contracts
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Burial Plots
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Assets (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Assets (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Assets (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Assets (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Assets (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Other Assets (Specify)

IV. 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:

V. 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

VI. 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 | Other Assets (Specify) |
| 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 | Social Security benefit letter for you and your spouse |
| Yes | No | Pension letter for you and/or your spouse or pension check stub |
| Yes | No | Copy of any Long Term Care Insurance policies |

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