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MEDICAID PLANNING

_____Dear Client:

Attached is our Medicaid Planning questionnaire. Beasley & Ferber, PA recognizes that the information requested in this questionnaire is highly personal. Please be assured that all information requested in this questionnaire shall be kept confidential in accordance with the Rules of Professional Conduct.

The purpose of this questionnaire is to gain as much information in advance, to minimize delays and to maximize the advice we may give you.

All we ask is that you do your best to complete this questionnaire. We are happy to work with you to fill in any gaps.

ASSET PROTECTION & MEDICAID PLANNING QUESTIONNAIRE

THIS INFORMATION IS EXTREMELY IMPORTANT TO ENABLE US TO SERVE YOU. IF ASSISTANCE IS NEEDED TO COMPLETE THIS FORM, PLEASE CALL US

Date: _____

Referred to Beasley & Ferber by: _____

PERSONAL DATA OF THE PERSON WHO WILL RECEIVE MEDICAID BENEFITS

PERSONAL DATA OF SPOUSE

Name: _____ Spouse Name: _____
Home address: _____ Home address: _____

Telephone: _____ Telephone: _____

E-Mail: _____ E-Mail: _____

_____ Birth date: _____

Facility Name, Address, Telephone

_____ Soc. Sec. No. _____

_____ Spouse resides in:

_____ () Rental
_____ () Own home
_____ () Other _____

Date of Admission: _____

Dates of Medicare coverage: _____

Date of Birth: _____

Social Sec. No. : _____

Medicare No: _____

CURRENT LEGAL DOCUMENTS

Will Yes _____ No _____
 Revocable Trust Yes _____ No _____
 Irrevocable Trust Yes _____ No _____
 Durable POA Yes _____ No _____
 Advance Directive/
 Health Care Proxy Yes _____ No _____

Safe Deposit Box: Name of Bank, Branch & Contents: _____

Has applicant or spouse ever been in the military Yes _____ No _____

If formerly in the military, have you applied for Aid and Attendance? Yes _____ No _____

SOURCE	MONTHLY INCOME	
	APPLICANT	SPOUSE
Social Sec		
Pension No. 1		
Pension No. 2		
Civil Service Pension		
Veteran's Benefits		
Railroad Ret		
Interest		
Dividends		
Trust Inc.		
Annuity Payments		
Rental Income		
Wages		
Other		

Asset Summary

PLEASE COMPLETE THE FOLLOWING CHART WITH THE TOTAL ASSETS IN EACH CATEGORY. PLEASE ALSO PROVIDE THE LAST STATEMENT FOR EACH ASSET.

<u>Asset Type</u>	<u>Applicant Balance</u>	<u>Spouse Balance</u>	<u>Joint Balance</u>
Bank & Acct Nos.			
CD Bank Name & Acct Nos.			
IRAs			
Stock Names & Acct. Nos.			
US Savings Bonds			
Annuities			

Have you or applicant made any gifts in the past 60 months? If yes, when, how much and to whom?

Do you or applicant own any real estate? If so, provide copy of deed and property tax bill.

Do you or applicant own a cemetery plot? If so, provide copy of deed or other documentary evidence of ownership.

Do you or applicant have a prepaid funeral? If so, provide a copy.

Do you or applicant have a bank account set aside for burial? (Massachusetts only.) If so, provide copy.

Are you or applicant the beneficiary of any trusts? If so, provide copy.

Do you or applicant expect to receive an inheritance? If so, provide copy.

Do you or applicant have any life insurance policies? If so:

Provide copy

For whole life, provide letter from company as to cash surrender value.

Do you or applicant have long-term care insurance? If so, provide copy of policy.

Do you or applicant have a Medicare Supplement Insurance policy? If so, provide copy of card and premium bill.

Do you or applicant own any motor vehicles? If so, provide copy of title, registration and Blue Book value.