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The following is a list of materials needed in your first Medicaid planning appointment.

1. Current Power of Attorney document;
2. Your most current will;
3. Deed(s) to any real estate you own;
4. The current value of any checking and/or savings accounts you own;
5. The current value of any stock and/or bonds you own;
6. Copies of contracts on any insurance policies you own; and
7. The current monthly income you receive.

**Client Information Sheet
Single Person**

Please complete this form prior to your initial meeting to allow us to more efficiently serve your needs. This form is intended to be completed by a single individual. Please use the back of the form if additional space is needed.

Personal Information:

A. Client's Name: _____
 First Middle Initial Last

Age: _____ Date of Birth: _____

Last grade completed: _____

Have you ever been convicted of a felony? Yes _____ No _____

U. S. Citizen: Yes _____ No _____

Have you or your deceased spouse served in the military on active duty during a wartime period? Yes _____ No _____

Social Security No.: _____ County of domicile: _____

Street (Road) address: _____

Post Office Box (if applicable): _____

City, State & Zip: _____

Telephone No.: Home: _____ Work: _____

E-mail Address: _____

Has anyone lived with client or has client lived with anyone during the last two years?
Yes _____ No _____

If yes, please explain the circumstances: _____

B. Contact Person/POA: _____
 First Middle Initial Last

Street (Road) address: _____

Post Office Box (if applicable): _____

City, State & Zip: _____

Telephone No.: Home: _____ Work: _____

E-Mail Address: _____

C. Names and addresses of each of your children:

Name (first, middle initial, last):

Address/Phone:

1.	_____	_____

2.	_____	_____

3.	_____	_____

4.	_____	_____

5.	_____	_____

6.	_____	_____

Do any of your children receive Social Security Disability benefits? _____

Loans:

Does anyone presently owe you any money (or other debt)? Yes _____ No _____

If yes, do you have written documentation signed by the debtor? Yes _____ No _____

Please list the amount owed to you for each loan and payment terms: _____

Monthly Income:

Social Security	_____
Pension	_____
Annuity	_____
Other	_____
Total	_____

Expenses:

Supplemental Health Insurance:
Monthly premium: _____ Company Name: _____

Do you have Medicare Part C coverage? _____

Medicare Part D (Prescription) Coverage:
Monthly premium: _____ Company Name: _____

Monthly Utilities: _____

Monthly House payment or rent payment: _____

Annual Real Estate Taxes: _____

Annual Property Insurance: _____

Assets:

Do you own a qualified annuity (funded with retirement funds)? Yes _____ No _____

Do you own a non-qualified annuity (not funded with retirement funds)? Yes _____ No _____

Real Estate:

Address: _____

Acreage: _____

Please provide a copy of the most current deed(s) and real estate tax bill(s).

Vehicle(s): _____

Bank Accounts (please add additional pages as necessary):

Name of Bank: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Name of Bank: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Other Investments:

Name of Company: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Name of Company: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Type of Account/Account Number: _____

Current Balance: _____

Life Insurance (please add additional pages as necessary):

Company: _____

Policy Number: _____ Value: _____

Company: _____

Policy Number: _____ Value: _____

Company: _____

Policy Number: _____ Value: _____

Nursing Home Insurance:

Company: _____

Policy Number: _____ Elimination Period: _____

Daily or Monthly Benefit: _____

Benefit Length: _____

Other Assets: _____

Do you own cemetery lots? Yes _____ No _____

If yes, please provide a copy of the deed for such lot(s).

Do you own prepaid funeral arrangements? Yes _____ No _____

If yes, please provide us with all documents pertaining to such arrangements.

Gifts:

Please list the date, amount and the person receiving any gift of over \$3,000 in any one month you have made in the last five years for gifts made prior to November 1, 2009.

<u>Date</u>	<u>Amount</u>	<u>Recipient</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For gifts made on or after November 1, 2009, please list all gifts made (no matter how small or for what reason—including gifts to charities and churches). Please use a separate sheet of paper if necessary.

<u>Date</u>	<u>Amount</u>	<u>Recipient</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referral:

Who referred you to this office?:

Name: _____

Street Address _____

City _____ State _____ ZIP _____

Client's Signature

Date: _____