

MEDICAID PLANNING/ LONG TERM CARE CHECKLIST

**SECTION 1 – FAMILY INFORMATION OF NURSING HOME
RESIDENT OR PERSON NEEDING LONG TERM CARE**

A. Person Needing Care Date: _____

1. Name: _____
2. Other names by which he/she are known (e.g., maiden name) _____
3. Home address **and** phone: _____

4. County of residence: _____
5. Social security #: _____
6. Date of birth: _____
7. Place of birth: _____
8. Citizenship: _____
9. Occupation: _____
10. Cell phone, fax and e-mail: _____

11. General state of health: _____
12. Date of marriage: _____
13. Any prior marriages – divorces, separations, annulments, etc.? _____
14. Is there a premarital agreement (or similar agreement) between the person and their spouse? (If yes, please attach a copy) _____

B. Spouse.

1. Spouse's name: _____
2. Other names by which spouse is known (e.g., maiden name) _____
3. Spouse's social security #: _____
4. Spouse's date of birth: _____
5. Spouse's place of birth: _____
6. Spouse's citizenship: _____
7. Spouse's occupation: _____
8. Spouse's business address, phone and fax: _____

9. General state of health: _____
10. Any prior marriages – divorces, separations, annulments, etc.? _____

Child 1

1. Name: _____
2. Address and Phone Number: _____

3. Date of birth: _____
4. If deceased, date of death: _____
5. Place of birth: _____
6. If married, spouse's name: _____
7. Stability of marriage? _____
8. Any children born of the child's marriage? If yes, list names and birth dates. _____

Child 2

1. Name: _____
2. Address and Phone Number: _____

3. Date of birth: _____
4. If deceased, date of death: _____
5. Place of birth: _____
6. If married, spouse's name: _____
7. Stability of marriage? _____
8. Any children born of the child's marriage? If yes, list names and birth dates. _____

Child 3

1. Name: _____
2. Address and Phone Number: _____

3. Date of birth: _____
4. If deceased, date of death: _____
5. Place of birth: _____
6. If married, spouse's name: _____
7. Stability of marriage? _____
8. Any children born of the child's marriage? If yes, list names and birth dates. _____

Child 4

1. Name: _____
2. Address and Phone Number: _____

3. Date of birth: _____
4. If deceased, date of death: _____
5. Place of birth: _____
6. If married, spouse's name: _____
7. Stability of marriage? _____
8. Any children born of the child's marriage? If yes, list names and birth dates. _____

Child 5

1. Name: _____
2. Address and Phone Number: _____

3. Date of birth: _____
4. If deceased, date of death: _____
5. Place of birth: _____
6. If married, spouse's name: _____
7. Stability of marriage? _____
8. Any children born of the child's marriage? If yes, list names and birth dates. _____

C. The Closet Living Relatives.

Father: _____ Age:____
Address: _____

Mother: _____ Age:____
Address: _____

Sibling: _____ Age:____
Address: _____

Sibling: _____ Age:____
Address: _____

Sibling: _____ Age:____
Address: _____

D. The Spouse's Closest Living Relatives.

Father: _____ Age:____
Address: _____

Mother: _____ Age:____
Address: _____

Sibling: _____ Age:____
Address: _____

Sibling: _____ Age:____
Address: _____

Sibling: _____ Age: _____
Address: _____

SECTION 2 – MISCELLANEOUS

A. any assets located outside the State of Michigan? (If yes, please describe the asset and its location.)

B. Have you or your spouse ever lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, or Washington)?

C. Do you have a safe deposit box? (If yes, please give the name of the bank and the number of the box.)

D. Do any persons owe you money? If so, provide the name of the borrower and the amount outstanding.

Remarks

SECTION 3 – ASSETS

D. Assets – Please Enter Approximate Dollar Amounts. Single individuals please use fist and third columns only.

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
1. Real estate			
a. Home-present value			
b. (Less mortgage)			
Home equity	()	()	()
c. Other real estate			
d. Other real estate			
2. Bank accounts and CDs			
a. Savings			
b. Checking			
c. Certificate of Deposit			
d. Money Market Accounts			
3. Marketable stocks			
a. You Hold Certificates			
b. Brokerage Account			
4. Bonds			
5. Mutual Funds			
6. Notes & Loan receivable			
7. Life Insurance			
8. Closely-held business			
9. Pension & retirement benefits			
10. Personal nonbusiness property			
11. Annuities			
12. Individual Retirement Accts			
13. Other Assets (describe)			
a.			
b.			
c.			
TOTAL ASSETS			

Has any person sold or given away property, land, vehicles, stocks, bonds, savings, cash, checking, income, etc., closed any accounts or removed or added a name on any asset within:

- The last 36 months (Medicaid)
- Yes If yes, Who? _____
- No

Remarks

SECTION 4 – ESTATE PLANNING DOCUMENTS TO BE PREPARED

A. Trustee Matters

1) Trustee

Name: _____

Address and Phone Number: _____

Social Security Number: _____

Relationship: _____

2) Alternate Trustee

Name: _____

Address and Phone Number: _____

Social Security Number: _____

Relationship: _____

B. Durable Power of Attorney.

1) Person to have power of attorney:

Name: _____

Address and Phone Number: _____

Relationship: _____

2) Alternate person to have power of attorney:

Name: _____

Address and Phone Number: _____

Relationship: _____

