

Medicaid Application Questionnaire



Where Ill Spouse Currently Resides: ____ Wonderful
Meadows_____

Name of Well Spouse: ____ Jane
Doe_____

Health of Well Spouse:
__ Good_____

Where Well Spouse Currently Resides: ____ 123 Main Street York, PA
17402_____

If either spouse has already entered a nursing home, please indicate the name of the nursing
home and the first date entered on a continuous basis: ____ Wonderful Meadows –
1.15.12_____

3. Monthly Income

	Husband's Monthly Income Income	Wife's Monthly Income
Social Security Benefit ____ 500 _____	\$ ____ 1,200 _____	\$ _____
Retirement Benefit (Gross) _____	\$ ____ 1,800 (Acme) ____	\$ _____
VA Disability Benefit \$ _____	\$ _____	
Annuity Income \$ _____	\$ _____	
Rental Income \$ _____	\$ _____	
TOTAL MONTHLY INCOME \$ ____ 500 _____	\$ ____ 3,000 _____	

Do not include interest and dividend income on this form.

If there is a pension, please list the gross pension amount, including any monies taken out
for federal income taxes, health insurance, or any other reason.



4. Monthly Cost of Nursing Home

Monthly Nursing Home Cost \$ 9,500

Health Insurance Premiums \$

Medicare Supplemental Insurance Premiums \$ S.S. Part B

Monthly Incidental Cost
\$

Monthly Prescription Cost \$

Monthly Other Cost \$ 400

TOTAL MONTHLY COSTS
100 \$

The nursing home is paid through
(month/year)

The nursing home facility's Medicaid per diem rate: \$
(per day)

Is there any past due balance to the nursing home or other agency
Creditor Amount

Creditor Amount

Does the nursing home bill retrospectively (for the month already ended – example: do they bill in June for the month of May) or prospectively (for the month coming up – example: do they bill in June for the month of July)

5. Monthly Shelter Expenses

(Please divide annual expenses by 12, and quarterly expenses by 3.)

Rent/Mortgage \$

Real Estate Taxes \$

Water \$

Sewer \$



BRIAN M DOUGLAS
— & ASSOCIATES, LLC —

Utilities (Heat/Electric) \$ _____
(1/12 of last 12 months)

Homeowner's Insurance \$ _____

Condominium Fees \$ _____

TOTAL MONTHLY HOUSING FEES \$ 1,000

6. Monthly Non-Shelter Expenses
(Please estimate)

Food \$ _____

Medical \$ _____

Clothing \$ _____

Telephone \$ _____

Transportation \$ _____
(including auto insurance)

Home Maintenance \$ _____

Life Insurance Premiums \$ _____

Health Insurance Premiums \$ _____

Medicare Supplemental Insurance Premiums \$ _____

Cable/Satellite TV \$ _____

Internet \$ _____

Federal/State Income Taxes \$ _____

Other \$ _____

TOTAL MONTHLY NON-SHELTER EXPENSES \$ 1,000



7. Assets/Liabilities

(Please insert the value of each asset/liability in the appropriate space.)

Asset	Husband	Wife	Joint	Liabilities
Automobile	10,000	15,000		
Additional Automobile				
Checking Accounts	5,000	5,000		
Savings Accounts				
Money Market Accounts				
Certificates of Deposit	10,000	372,640		
Residence	90,000			0
Mutual Funds				
Stocks				
Bonds				
Annuities				
IRA	50,000	100,000		
Other Real Estate				
Nursing Home Deposit				
Other				
Other				
Other				
TOTALS	\$ 165,000	\$ 492,640	\$	\$

8. Life Insurance

Company Name, Address and Policy Number	Type	Death Benefit Value	Face Value	Cash Value	Insured	Owner	Beneficiary
<u>NONE</u>							



It is very important to know the cash value and the death benefit of the life insurance policy. To obtain the cash value of the policy, please call your insurance agent, or call the insurance company directly.

9. Gifts

Please list gifts made in excess of \$100.00 in any one month, to an individual or group of individuals, within the past 60 months.

Recipient NONE Date: Amount:
\$

Recipient Date: Amount:
\$

Recipient Date: Amount:
\$

Recipient Date: Amount:
\$

Have you ever filed a Federal Gift Tax Return? YES ☐ NO ☐



10. Children (if applicable)

Child's Name	Complete Address	Telephone Number	Date of Birth
Mary Smith			11-2-85
John Smith			4-9-83
Vickie Brown			12-1-79
Cindy Jones			7-12-83

Are all of your children in good health? YES ☒ NO ☐

Are any of your children receiving SSI or
Other forms of government entitlement? YES ☐ NO ☒

Does any child provide care to his/her parent(s) ? YES ☒ _CINDY_ NO ☐