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

1. Current Power of Attorney documents for each of you;
2. Your most current wills;
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. Any insurance policies you own; and
7. The current monthly income each of you receives.

4. _____

5. _____

6. _____

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

E. During any time after September 30, 1989, have you or your spouse ever been in a hospital and/or nursing home for more than 30 consecutive days? Yes _____ No _____

Loans:

Does anyone presently owe you any money (or other debt)? Y N

If yes, do you have written documentation signed by the debtor? Y N

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

Monthly Income:

	Client	Spouse
Social Security	_____	_____
Pension	_____	_____
Annuity	_____	_____
Other	_____	_____
	_____	_____
Total	_____	_____

Expenses:

Supplemental Health Insurance (please list separately for Client and Spouse):

Client's Monthly premium: _____ Company Name: _____

Spouse's Monthly premium: _____ Company Name: _____

Do you or your spouse have Medicare Part C coverage? _____

Medicare Part D (Prescription) Coverage:

Client's Monthly premium: _____ Company Name: _____

Spouse's 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)? Y N

Do you own a non-qualified annuity (not funded with retirement funds)? Y N

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: _____

Type of Account/Account Number: _____
Current Balance: _____

Life Insurance (please add additional pages as necessary):

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 either of you have made in the last five years for gifts made prior to November 1, 2009.

Date	Amount	Recipient
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

Date

Amount

Recipient

Referral:

Who referred you to this office?

Name _____

Street Address _____

City _____ State _____ ZIP _____

Client's Signature

Spouse's Signature

Date: _____

Date: _____