

# DALE, HUFFMAN & BABCOCK

## Lawyers

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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. Any insurance policies you own; and
7. The current monthly income you receive.





**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:

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**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)? 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: \_\_\_\_\_

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: \_\_\_\_\_



Date

Amount

Recipient

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**Referral:**

Who referred you to this office?

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
Client's Signature

Date: \_\_\_\_\_