J.L. Williamson Law Group LLC

Medicaid Crisis Planning Questionnaire

Name of Client	
Name of Spouse	

Is Spouse also a client	☐ Yes ☐ No

This form is extremely important. Your accuracy and completeness in responding will help me best represent you. If there is not enough space on the form for your answer to any question, attach an additional page to the form with a reference to the question you are answering.

Please bring the completed form with you to your appointment.

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SECTION 1. CONTACT PERSON

Client Communications	
All communications concerning this elder law planning matter should be addressed to	☐ Spouse ☐ Institutionalized Spouse ☐ CS and a Child/Relative/Other ☐ IS and a Child/Relative/Other ☐ A Child/Relative/Other
If child or other, name of contact	
Gender of this other party	☐ Male ☐ Female ☐ Entity
Street Address	
Apt/Suite/Floor	
City, State, Zip	

SECTION 2. CLIENT DETAILS

2.1. CLIENT NAME, ADDRESS and DOMICILE

Client Information	
Name Information	
Name of Client	
Client gender	☐ Male ☐ Female ☐ Entity
Name prefix	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Ms. ☐ Dr. ☐ Pastor ☐ Prof. ☐ Rev. ☐ _____
Suffix	☐ Jr. ☐ II ☐ III ☐ IV ☐ _____
Professional Suffix	☐ M.D. ☐ C.P.A ☐ D.D.O. ☐ D.D.S. ☐ D.V.M. ☐ Esq. ☐ Ph.D. ☐ Esquire ☐ _____
Name format preference	☐ Prefix Full ☐ Full ☐ Full Suffix ☐ Prefix Full Suffix
Does the client have a nickname?	☐ Yes ☐ No
If yes, what is the nickname?	
Does the client use an alias name?	☐ Yes ☐ No
If yes, what is that alias?	
Family Details	
Client is married?	☐ Yes ☐ No
If not married, is client a widow or widower?	☐ Yes ☐ No
If widow or widower, name of Client's deceased spouse	
Date of spouse's death	
Does planning include that for a domestic partner?	☐ Yes ☐ No
If yes, is partner a "Registered Domestic Partner"?	☐ Yes ☐ No
Select (or type in) preferred term to be used in documents to indicate the domestic partner	☐ Domestic Partner ☐ Life Partner ☐ Partner ☐ Other: _____
Other Details	
Date of birth	
Social Security Number	
Client is U.S. citizen	☐ Yes ☐ No
If not a U.S. citizen, client is citizen of	
Contact Info and Address(es)	
Street Address 1	
Street Address 2	
City	
State	
Zip code	

Parish	
Domicile Details	
State of legal domicile is different from client's "address" state, above?	☐ Yes ☐ No
If yes, state of legal residence	
In relevant documents, domicile should be expressed as	
County/Political Jurisdiction	

2.2. Client Data

Client Data	
Has Client has been diagnosed with an illness?	☐ Yes ☐ No
Is Client a veteran?	☐ Yes ☐ No
Is Client receiving Tricare?	☐ Yes ☐ No

SECTION 3. SPOUSE DETAILS

3.1. Spouse/Partner Name, Address and Domicile

Spouse/Partner Information	
Name of Spouse/Partner	
Gender of Spouse/Partner	☐ Male ☐ Female
First Name	
Middle Initial/Name	
Last Name	
Name prefix	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Ms. ☐ Dr. ☐ Pastor ☐ Prof. ☐ Rev. ☐ _____
Suffix (optional)	☐ Jr. ☐ II ☐ III ☐ IV ☐ _____
Professional suffix (optional)	☐ M.D. ☐ C.P.A ☐ D.D.O. ☐ D.D.S. ☐ D.V.M. ☐ Esq. ☐ Ph.D. ☐ Esquire ☐ _____
Name format preference	☐ Prefix Full ☐ Full ☐ Full Suffix ☐ Prefix Full Suffix
Does the Spouse/Partner have a nickname?	☐ Yes ☐ No
If yes, nickname	
Spouse/Partner uses an alias?	☐ Yes ☐ No
If yes, alias	
Other Details	
Date of birth	
Social Security Number	
Spouse/Partner is U.S. citizen?	☐ Yes ☐ No
If no, Spouse/Partner is citizen of	
Contact Info And Address	
Include full primary address details for Spouse/Partner?	☐ Yes ☐ No
Does Spouse/Partner have the same address as address as Client?	☐ Yes ☐ No
If no, Street Address 1	
Street Address 2	
City, State, Zip	
Domicile Details	
State of legal domicile is different from Spouse/Partner's "address" state, above?	☐ Yes ☐ No
If yes, state of domicile	
In relevant documents, domicile should be expressed as	
County/Political Jurisdiction	

3.2. Spouse/Partner Data

SPOUSE/PARTNER DATA	
Spouse/Partner has been diagnosed with an illness?	☐ Yes ☐ No
Spouse/Partner is a veteran?	☐ Yes ☐ No
If yes, is Spouse/Partner receiving Tricare?	☐ Yes ☐ No

SECTION 4. MEDICAL DATA.

HEALTH INFO for Client		
Health of Client		☐ is in reasonably good health ☐ suffers from (specify diagnosis)
Specify Diagnosis (check all that apply)		
	☐ Alzheimer's Disease ☐ Aneurysm ☐ Arterial Fibrillation ☐ Arthritis ☐ Back Pain ☐ Bedsores ☐ Cancer ☐ Carotid Arteries ☐ Cellulitis ☐ Cholesterol (high) ☐ Colon Cancer ☐ Congestive Heart Failure ☐ COPD ☐ Coronary Artery Disease ☐ Delirium ☐ Dementia ☐ Depression ☐ Diabetes ☐ Emphysema ☐ Encephalitis ☐ Epilepsy ☐ Frailty resulting from age ☐ Glaucoma	☐ Hearing Loss ☐ Heart Attack (effects of previous) ☐ Heart Disease ☐ Hip Fracture (effects of) ☐ Hypertension ☐ Knee Surgery (effects of) ☐ Krohn's Disease ☐ Lung Cancer ☐ Macular Degeneration ☐ Multiple Sclerosis ☐ Neuropathy ☐ Osteoarthritis ☐ Osteoporosis ☐ Parkinson's Disease ☐ Prostate Problems ☐ Quadruple Bypass ☐ Rheumatoid Arthritis ☐ Spinal Stenosis ☐ Stroke (effects of prior) ☐ Thyroid Condition ☐ Other _____ ☐ _____ ☐
Client's Physician		
Do you know the name of Client's physician?		☐ Yes ☐ No
If yes, name of institutional client's physician		
Street Address		
Suite / Office # / Address 2		
City, State, Zip		

SECTION 5. MEDICAL DATA.

HEALTH INFO for Spouse		
Health of Spouse		▪ is in reasonably good health ▪ suffers from (specify diagnosis)
Specify Diagnosis (check all that apply)		
	☐ Alzheimer's Disease ☐ Aneurysm ☐ Arterial Fibrillation ☐ Arthritis ☐ Back Pain ☐ Bedsores ☐ Cancer ☐ Carotid Arteries ☐ Cellulitis ☐ Cholesterol (high) ☐ Colon Cancer ☐ Congestive Heart Failure ☐ COPD ☐ Coronary Artery Disease ☐ Delirium ☐ Dementia ☐ Depression ☐ Diabetes ☐ Emphysema ☐ Encephalitis ☐ Epilepsy ☐ Frailty resulting from age ☐ Glaucoma	☐ Hearing Loss ☐ Heart Attack (effects of previous) ☐ Heart Disease ☐ Hip Fracture (effects of) ☐ Hypertension ☐ Knee Surgery (effects of) ☐ Krohn's Disease ☐ Lung Cancer ☐ Macular Degeneration ☐ Multiple Sclerosis ☐ Neuropathy ☐ Osteoarthritis ☐ Osteoporosis ☐ Parkinson's Disease ☐ Prostate Problems ☐ Quadruple Bypass ☐ Rheumatoid Arthritis ☐ Spinal Stenosis ☐ Stroke (effects of prior) ☐ Thyroid Condition ☐ Other _____ ☐ _____ ☐
Spouse's Physician		
Do you know the name of Spouse's physician?		▪ Yes ▪ No
If yes, name of institutional spouse's physician		
Street Address		
Suite / Office # / Address 2		
City, State, Zip		

SECTION 6. INCOME & EXPENSES

Monthly Income For Client

Income for Client		
Monthly Income		
Net Social Security		
Medicare Part B Deduction		
Medicare Part D		
Pension/Retirement Benefits (Gross)		
Employment		
Disability		
Annuity		
Rental		
Other Income		
	Item	**Amount**
1		
2		
3		
4		
5		
6		
Total Income		

6.1. Monthly Income For Spouse

Income for Spouse		
Monthly Income		
Net Social Security		
Medicare Part B Deduction		
Medicare Part D		
Pension/Retirement Benefits (Gross)		
Employment		
Disability		
Annuity		
Rental		
Other Income		
	Item	**Amount**
1		
2		
3		
4		
5		
6		
Total Income		

6.2. Monthly Shelter Expenses For Spouse

Monthly Shelter Expenses for Spouse	
Rent Payments (monthly)	
Mortgage Payments (monthly)	
Real Estate Taxes (monthly)	
Water	
Sewer	
Trash disposal fees	
Average Monthly Utilities Bill (Heat, Electric & Telephone) (1/12 of expenses for last 12 months)	
Homeowner's Insurance Premium	
Condominium fees	
Other Shelter Expenses	

	Item	**Amount**
1		
2		
3		
4		
5		
6		
Total Shelter Expenses		

6.3. Monthly Non-Shelter Expenses For Spouse

Monthly Non-Shelter Expenses for Spouse	
Food	
Medical	
Clothing	
Transportation	
Home Maintenance	
Life Insurance Premium	
Health Insurance Premium	
Cable TV	
Federal and State Income Taxes	
Other Non-Shelter Expenses	

	Item	**Amount**
1		
2		
3		
4		

Monthly Non-Shelter Expenses for Spouse		
5		
6		
Total Nonshelter Expenses		

6.4. Nursing Home Cost For Client

Estimated/Actual Cost of Nursing Home Care for Client	
Facility Cost	
Prescription Cost	
Incontinent Cost	
Medical Insurance Cost	
Are there any other Costs?	☐ Yes ☐ No
Other Nursing Home Costs	

	Item	**Amount**
1		
2		
3		
4		
5		
6		

Total Nursing Home Costs	

Yearly Increase in Cost of Nursing Home Care	
Percentage increase (xx.xx%)	%

SECTION 7. ASSET INVENTORY AND DETAILS

7.1. Non-Countable Assets

Item	Husband	Wife	Joint	Liability
Home				
Automobile				
Personal effects				
Spouse's retirement plan				
Pre-paid funeral (in irrevocable trust)				

7.2. Countable Assets

7.2.1. Checking

Item	Husband	Wife	Joint	Liability

7.2.2. Savings

Item	Husband	Wife	Joint	Liability

7.2.3. Money Market

Item	Husband	Wife	Joint	Liability

7.2.4. Savings Certificates

Item	Husband	Wife	Joint	Liability

7.2.5. Automobile

Item	Husband	Wife	Joint	Liability

7.2.6. Other Real Estate

Item	Husband	Wife	Joint	Liability

7.2.7. Brokerage/Cap Accts

Item	Husband	Wife	Joint	Liability

7.2.8. Mutual Funds

Item	Husband	Wife	Joint	Liability

7.2.9. Stocks

Item	Husband	Wife	Joint	Liability

7.2.10. Bonds

Item	Husband	Wife	Joint	Liability

7.2.11. Annuities

Item	Husband	Wife	Joint	Liability

7.2.12. Cash Value Life Insurance

Item	Husband	Wife	Joint	Liability

7.2.13. Traditional IRA

Item	Husband	Wife	Joint	Liability

7.2.14. Roth IRA

Item	Husband	Wife	Joint	Liability

7.2.15. Retirement Accounts

Item	Husband	Wife	Joint	Liability

7.2.16. Other Assets

Item	Husband	Wife	Joint	Liability

7.2.17. Total Countable Assets

	Husband	Wife	Joint	Liability

7.3. Residence Information

Residence	
Purchase price and year of purchase	
Purchase costs (title & escrow fees, real estate agent commissions, etc.)"	
Improvements	
Selling costs (title & escrow fees, real estate agent commissions, etc.)"	
Accumulated depreciation	
Cost basis	
Amount of unified credit available	
Ownership History	
Has client owned the property for 2 of the last 5 years?	☐ Yes ☐ No
Has client occupied the property for 2 of the last 5 years?	☐ Yes ☐ No

7.4. Life Insurance

Life Insurance Policies	

First Policy	
Name of Company	
Policy Number	
Address of Company	
Phone	
Type of Insurance Policy	
Owner of Policy	
Insured Life	
Beneficiary	
Death Benefit ($)	
Face Value ($)	
Cash Value ($)	

Second Policy	
Name of Company	
Policy Number	
Address of Company	
Phone	
Type of Insurance Policy	
Owner of Policy	
Insured Life	
Beneficiary	
Death Benefit ($)	
Face Value ($)	
Cash Value ($)	

Third Policy	
Name of Company	
Policy Number	
Address of Company	
Phone	
Type of Insurance Policy	
Owner of Policy	
Insured Life	
Beneficiary	
Death Benefit ($)	
Face Value ($)	
Cash Value ($)	

SECTION 8. PRIOR TRANSACTIONS

8.1. Gifts to an Individual or to a Trust

Gifts to an Individual or to a Trust	
Have Client and Spouse, or either of them, made any gifts within last five years to an individual or to a trust?	☐ Yes ☐ No
If "Yes", describe the gift(s) in the spaces provided	

First Gift	
Name of Recipient	
Date of Gift	
Amount	
Gift from	☐ IS ☐ CS ☐ Both

Second Gift	
Name of Recipient	
Date of Gift	
Amount	
Gift from	☐ IS ☐ CS ☐ Both

Third Gift	
Name of Recipient	
Date of Gift	
Amount	
Gift from	☐ IS ☐ CS ☐ Both

Fourth Gift	
Name of Recipient	
Date of Gift	
Amount	
Gift from	☐ IS ☐ CS ☐ Both

Fifth Gift	
Name of Recipient	
Date of Gift	
Amount	
Gift from	☐ IS ☐ CS ☐ Both

8.2. Federal Gift Tax Returns

Federal Gift Tax Returns	
Have Client and Spouse, or either of them, ever filed a Federal Gift Tax Return?	☐ Yes ☐ No

If yes, state details about the return:

8.3. Real Estate Transfers

Real Estate Transfers	
Have Client and Spouse or either of them sold or otherwise transferred any real property within the last two years?	☐ Yes ☐ No
If yes, how many sales/transfers?	

First Transfer	
Address of Property	
Cost Basis	
Sale Price	
Date of Sale	

Second Transfer	
Address of Property	
Cost Basis	
Sale Price	
Date of Sale	

Third Transfer	
Address of Property	
Cost Basis	
Sale Price	
Date of Sale	

Fourth Transfer	
Address of Property	
Cost Basis	
Sale Price	
Date of Sale	

Fifth Transfer	
Address of Property	
Cost Basis	
Sale Price	
Date of Sale	

SECTION 9. INTERESTED PARTIES

9.1. Children

First Child	
Details on Child	
Name of child	
Gender	☐ Male ☐ Female
Date of birth	
Child is the child of	☐ Both ☐ Client Only ☐ Spouse Only
Is Child a minor	☐ Yes ☐ No
Contact Info And Address	
Do you know where the child lives?	☐ Yes ☐ No
If you know where child lives,	☐ Use Client's Address ☐ Use Spouse's Address (if different address from Client) ☐ Other Address/Lives Separately
Enter Address	
Elder Law Specific Details	
Relation to Spouse	☐ Natural Child ☐ Adopted ☐ Stepchild ☐ Child born out of wedlock
Relation to Client	☐ Natural Child ☐ Adopted ☐ Stepchild ☐ Child born out of wedlock
Work Telephone	
Home Telephone	
Cell	
Fax	
Email	
Special Details about child	☐ Disinherit child and exclude from the plan ☐ Child is an Affiant ☐ Child will be a caregiver
Child is (check all that apply)	☐ Stepchild ☐ Disabled ☐ Minor ☐ Blind

Child's problems (check all that apply)	☐ Poor Health ☐ AIDS ☐ Drug Addiction ☐ Alcoholism ☐ Spendthrift
Government Entitlements	
Is child is receiving SSI or another form of government entitlement	☐ Yes ☐ No
If yes, entitlement from	
If yes, specify monthly payment	

Second Child	
Details on Child	
Name of child	
Gender	☐ Male ☐ Female
Date of birth	
Child is the child of	☐ Both ☐ Client Only ☐ Spouse Only
Is Child a minor	☐ Yes ☐ No
Contact Info And Address	
Do you know where the child lives?	☐ Yes ☐ No
If you know where child lives,	☐ Use Client's Address ☐ Use Spouse's Address (if different address from Client) ☐ Other Address/Lives Separately
Enter address	
Elder Law Specific Details	
Relation to Spouse	☐ Natural Child ☐ Adopted ☐ Stepchild ☐ Child born out of wedlock
Relation to Client	☐ Natural Child ☐ Adopted ☐ Stepchild ☐ Child born out of wedlock
Work Telephone	
Home Telephone	
Cell	
Fax	
Email	
Special Details about child	☐ Disinherit child and exclude from the plan ☐ Child is an Affiant ☐ Child will be a caregiver

Child is (check all that apply)	☐ Stepchild ☐ Disabled ☐ Minor ☐ Blind
Child's problems (check all that apply)	☐ Poor Health ☐ AIDS ☐ Drug Addiction ☐ Alcoholism ☐ Spendthrift
Government Entitlements	
Is child is receiving SSI or another form of government entitlement	☐ Yes ☐ No
If yes, entitlement from	
If yes, specify monthly payment	

Third Child	
Details on Child	
Name of child	
Gender	☐ Male ☐ Female
Date of birth	
Child is the child of	☐ Both ☐ Client Only ☐ Spouse Only
Is Child a minor	☐ Yes ☐ No
Contact Info And Address	
Do you know where the child lives?	☐ Yes ☐ No
If you know where child lives,	☐ Use Client's Address ☐ Use Spouse's Address (if different address from Client) ☐ Other Address/Lives Separately
Enter address	
Elder Law Specific Details	
Relation to Spouse	☐ Natural Child ☐ Adopted ☐ Stepchild ☐ Child born out of wedlock
Relation to Client	☐ Natural Child ☐ Adopted ☐ Stepchild ☐ Child born out of wedlock
Work Telephone	
Home Telephone	
Cell	
Fax	
Email	

Special Details about child	☐ Disinherit child and exclude from the plan ☐ Child is an Affiant ☐ Child will be a caregiver
Child is (check all that apply)	☐ Stepchild ☐ Disabled ☐ Minor ☐ Blind
Child's problems (check all that apply)	☐ Poor Health ☐ AIDS ☐ Drug Addiction ☐ Alcoholism ☐ Spendthrift
Government Entitlements	
Is child is receiving SSI or another form of government entitlement	☐ Yes ☐ No
If yes, entitlement from	
If yes, specify monthly payment	

Fourth Child	
Details on Child	
Name of child	
Gender	☐ Male ☐ Female
Date of birth	
Child is the child of	☐ Both ☐ Client Only ☐ Spouse Only
Is Child a minor	☐ Yes ☐ No
Contact Info And Address	
Do you know where the child lives?	☐ Yes ☐ No
If you know where child lives,	☐ Use Client's Address ☐ Use Spouse's Address (if different address from Client) ☐ Other Address/Lives Separately
Enter Address	
Elder Law Specific Details	
Relation to Spouse	☐ Natural Child ☐ Adopted ☐ Stepchild ☐ Child born out of wedlock
Relation to Client	☐ Natural Child ☐ Adopted ☐ Stepchild ☐ Child born out of wedlock
Work Telephone	
Home Telephone	
Cell	

Fax	
Email	
Special Details about child	☐ Disinherit child and exclude from the plan ☐ Child is an Affiant ☐ Child will be a caregiver
Child is (check all that apply)	☐ Stepchild ☐ Disabled ☐ Minor ☐ Blind
Child's problems (check all that apply)	☐ Poor Health ☐ AIDS ☐ Drug Addiction ☐ Alcoholism ☐ Spendthrift
Government Entitlements	
Is child is receiving SSI or another form of government entitlement	☐ Yes ☐ No
If yes, entitlement from	
If yes, specify monthly payment	

Fifth Child	
Details on Child	
Name of child	
Gender	☐ Male ☐ Female
Date of birth	
Child is the child of	☐ Both ☐ Client Only ☐ Spouse Only
Is Child a minor	☐ Yes ☐ No
Contact Info And Address	
Do you know where the child lives?	☐ Yes ☐ No
If you know where child lives,	☐ Use Client's Address ☐ Use Spouse's Address (if different address from Client) ☐ Other Address/Lives Separately
Enter Address	
Elder Law Specific Details	
Relation to Spouse	☐ Natural Child ☐ Adopted ☐ Stepchild ☐ Child born out of wedlock
Relation to Client	☐ Natural Child ☐ Adopted ☐ Stepchild ☐ Child born out of wedlock
Work Telephone	

Home Telephone	
Cell	
Fax	
Email	
Special Details about child	☐ Disinherit child and exclude from the plan ☐ Child is an Affiant ☐ Child will be a caregiver
Child is (check all that apply)	☐ Stepchild ☐ Disabled ☐ Minor ☐ Blind
Child's problems (check all that apply)	☐ Poor Health ☐ AIDS ☐ Drug Addiction ☐ Alcoholism ☐ Spendthrift
Government Entitlements	
Is child is receiving SSI or another form of government entitlement	☐ Yes ☐ No
If yes, entitlement from	
If yes, specify monthly payment	

9.2. Relations and Other Parties

First Party	
Name	
Gender	☐ Male ☐ Female ☐ Entity
Relation to Client	
Relation to Spouse	
Street Address	
Work Telephone	
Home Telephone	
Fax	
Email	
SSN	

Second Party	
Name	
Gender	☐ Male ☐ Female ☐ Entity
Relation to Client	
Relation to Spouse	

Street Address	
Work Telephone	
Home Telephone	
Fax	
Email	
SSN	

Third Party	
Name	
Gender	☐ Male ☐ Female ☐ Entity
Relation to Client	
Relation to Spouse	
Street Address	
Work Telephone	
Home Telephone	
Fax	
Email	
SSN	

Fourth Party	
Name	
Gender	☐ Male ☐ Female ☐ Entity
Relation to Client	
Relation to Spouse	
Street Address	
Work Telephone	
Home Telephone	
Fax	
Email	
SSN	

Fifth Party	
Name	
Gender	☐ Male ☐ Female ☐ Entity
Relation to Client	
Relation to Spouse	
Street Address	

Work Telephone	
Home Telephone	
Fax	
Email	
SSN	

SECTION 10. <u>OTHER ISSUES</u>

Other Issues		
Do you have any other legal issues which I should be aware of?		☐ Yes ☐ No
If yes, list the issues below		
	Issue	**Importance**
1		☐ Major ☐ Moderate ☐ Inquiry
2		☐ Major ☐ Moderate ☐ Inquiry
3		☐ Major ☐ Moderate ☐ Inquiry
4		☐ Major ☐ Moderate ☐ Inquiry
5		☐ Major ☐ Moderate ☐ Inquiry

SECTION 11. CERTIFICATION

The undersigned hereby represents to J. L. Williamson Law Group, LLC, and each of its attorneys and paralegals, that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:

_____ _____

Name: Date

Signature of Spouse or Spouse Representative:

_____ _____

Name: Date