



Financial Questionnaire

Client Name: _____ Marital Status: (M/S/W/D) _____

Facility Name: _____ Date of Admission: _____

Client SS #: _____ Medicare #: _____

Client D/O/B#: _____

Client's Home Address: _____

Spouse Name: _____ Spouse DOB: _____

Are you a Veteran or a spouse of a Veteran? Yes No Need to Apply for VA benefits? Yes or No

Spouse SS#: _____ VA Service Records: Honorable D/C & DD214 form

Spouse Medicare #: _____

Family/POA: _____

Phone: _____ Email: _____

Family/POA: _____

Phone: _____ E mail: _____

Income _____ **Assets** _____

Social Security \$ _____ Spouse \$ _____

Pensions \$ _____

Company Name: _____

Company Name: _____

Dividends & Interest \$ _____ Type: _____

Income from Annuities \$ _____ Type: _____

Rent from Real Estate \$ _____ Type: _____

VA income \$ _____ Type: _____

Other Income \$ _____ Type: _____

Investments/Retirement Accounts _____

List all investment/retirement accounts (including but not limited to stocks, bonds, mutual funds, etc.)

Name of Investment/Brokerage Company:

Current Balance: \$ _____

Name of Investment/Brokerage Company:

Current Balance: \$ _____

Gross Total Income: \$ _____ Gross Total Assets: \$ _____



MEDICAID & MORE...

Medicaid Applications Personalized

Bank Accounts _____

List all current bank accounts (including but not limited to checking, savings, CD's, Money Markets, etc.). List any closed account within the last 12 months.

Name of Bank: _____ Type: _____

Account Owner(s): _____

Current Balance: \$ _____

Name of Bank: _____ Type: _____

Account Owner(s): _____

Current Balance: \$ _____

Name of Bank: _____ Type: _____

Account Owner(s): _____

Current Balance: \$ _____

Have you closed any bank accounts in the last 60 months: Yes No

If yes, please describe where assets were transferred _____

Real Estate Property _____

Do you own your own home: Yes No

Current, Appraised or Estimated Value \$ _____

Do you own any rental property: Yes No

Current, Appraised or Estimated Value \$ _____

Do you own any other real property: Yes No

Current, Appraised or Estimated Value \$ _____

Lawyer Consultation Needed for :

QIT PSA DEED Spousal Refusal

Life Insurance _____

Name of Insurance Company: _____

Policy # _____

Face Value: _____

Cash Surrender Value: _____

Name of Insurance Company: _____

Policy # _____

Face Value: _____

Cash Surrender Value: _____

Have you liquidated any insurance policies within the last 60 months? Yes No

If yes, please describe where assets were transferred _____

Burial Accounts _____

Name of Funeral Home: _____

Is policy Irrevocable: Yes No

Automobiles _____

Year: _____ Make: _____ Model: _____

Year: _____ Make: _____ Model: _____

Please answer the following questions:

Are any assets held in trust Yes No

If yes, please supply a copy of the trust

Have any assets/cash/property been sold/transferred/gifted in the last 60 months

Yes No If yes, please describe below:

