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Medicaid Planning Information Form

NURSING HOME CLIENT & SPOUSE:

	NAME (Last, First, Middle Initial)	DATE OF BIRTH	SOCIAL SECURITY NO.
Nursing Home Client:			

Spouse:			
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Spouse's Maiden Name:

ADDRESS FOR CORRESPONDENCE:

TELEPHONE	
Home No.	
Business No.	
e-mail address	

Other Information:

Name of Nursing Home:	
Date of Admission to Nursing Home:	
Currently Receiving Medicare?	

Children:

NAME OF CHILD (Last, First, Middle Initial)	DATE OF BIRTH	ADDRESS (City, State)

Client Asset Information:

Real Estate: (including residential & non-residential, please denote) **CLEAN & GREEN** **YES** **NO**

Location of Property	Name(s) on Deed(s)	Approx. Value

Bank Accounts: (including checking, savings, trust/agency accts, Christmas/Vacation Club, etc.)

Bank Name	Name(s) on Account(s)	Type of Account	Approx. Value

Stocks/Bonds: (including CDs, Savings Bonds, stock certificates, Annuities, Mutual funds, etc.)

Stock/Bond Name	How Titled	Type of Account	Approx. Value

Retirement Accounts: (including IRA, 401(k), etc.)

Account Name	Beneficiary	Type of Account	Approx. Value

Life Insurance

Owners Name	Beneficiary	Type (Whole, Term)	Approx. Value

Other Assets: (i.e., Automobiles, boats, snowmobiles, ATV, trailers, etc.)

Monthly Income: (including Social Security and Pension) and Designate Recipient

Funeral Expenses: (include Irrevocable and revocable Burial reserve accounts)

Name of Funeral Home	Funeral Preplanned?	Burial Account held by/type of account	Cemetery Plot Purchased? Number of Plots?

GIFTS

Have you or your spouse made gifts or transfers totaling \$500.00 or more in any month, other than to each other, within the last 60 months (including any transfer of real estate or other assets to your children)? If yes, please complete the following (use separate page if necessary):

Name	Date of Gift	Type of Asset Gifted	Value of Gift on date of Transfer	Was this gift made from an account titled in the name of a living trust?

Have either of you given a gift greater than \$11,000 in any one year to any individual during your lifetime? If yes, was a Gift Tax Return prepared and filed? If yes please complete the following (use a separate page if necessary).

Name	Date of Gift	Type of Asset Gifted	Value of Gift on date of Transfer