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**Intake Questionnaire**

Medical Assistance (also known at Medicaid) is a special benefit program that helps those with long term care nursing home needs pay for that care. Senior Care Resources LLC will help you become eligible as quickly as possible. In order to do so, we need some information from you. Please do not view these questions as intrusive. They are being asked to help you. If you have any questions or concerns, please do not hesitate to call our office.

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| **CONTACT INFORMATION** |
| **Name:** |  |
| **Address:** |  |
| **Telephone #:** |  |
| **Relationship:** |  |
| **Email Address:** |  |
| **Appointed POA or Guardian:** |  |
| APPLICANT  |
| Name: |  |
| Address: |  |
| Telephone #: |  |
| Marital Status: | If married please complete form for both spouses |
| Date of Birth: |  |
| Current Location: | Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assisted Living \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital \_\_\_\_\_\_\_\_\_\_\_\_ Nursing Home & Date of Admission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| MEDICAL INSURANCE |
|  Primary Coverage: |  |
| Secondary Coverage: |  |

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| **FINANCIAL INFORMATION** |
| **Does Resident have pre-paid irrevocable funeral?** | YES | NO |
| **Does Resident own any real estate?** | YES | NO |
| **Does Resident own Life Insurance Policies?** | YES | NO |
| **Does Resident have any unpaid debts?** | YES | NO |
| **Does Resident have a child who has lived with him/her for 2 or more years prior to entering nursing home?** | YES | NO |
| **Has Resident made any gifts of $500 or more in a month within the last 5 years?** | YES | NO |
| **Does Resident have a blind or disable child?** | YES | NO |
| **Bank Accounts** | **Type** | **Present Value** |
|  |  |  |
|  |  |  |
| **Investment Accounts** | **Type** | **Present Value** |
|  |  |  |
|  |  |  |
| **IRA’S** |  | **Present Value** |
|  |  |  |
|  |  |  |
| **Life Insurance Company** | **Face Value** | **Cash Value** |
|  |  |  |
|  |  |  |
| **Income Source** | **Amount** |
| **Social Security** | **$** |
| **Pension** | **$** |
| **Railroad** | **$** |
| **VA** | **$** |
| **Black Lung** | **$** |
| **Other** | **$** |