



Medicaid Applicant's Survey Form

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Date: _____ How did you hear about us?: _____

Please complete this form and bring it with you to your consultation. Do not worry if you can't answer all the questions; just provide the information you know.

■ Medicaid Applicant

Name: _____ Date of Birth: _____

Soc. Sec. #: _____ If Deceased, Date of Death: _____

Home Tel. #: _____ Date of Marriage: _____

Home Address or Nursing home: _____

If in nursing home, date of admission: _____

Is applicant a veteran? ___ Yes ___ No If yes, dates of service: _____

■ Spouse

Name: _____ Date of Birth: _____

Soc. Sec. #: _____ If Deceased, Date of Death: _____

Home Tel. #, if different: _____ Business #: _____

Cell Tel. #: _____ E-mail: _____

Home Address, if different: _____

Is spouse a veteran? ___ Yes ___ No If yes, dates of service: _____

■ Children

Names, Addresses, and Phone Numbers of Children, If Any:

Name: _____

Home Tel #: _____ Work Tel #: _____

Cell Tel #: _____ Email: _____

Address: _____ On Disability?

Name: _____
Home Tel #: _____ Work Tel #: _____
Cell Tel #: _____ Email: _____
Address: _____ On Disability?

Name: _____
Home Tel #: _____ Work Tel #: _____
Cell Tel #: _____ Email: _____
Address: _____ On Disability?

Name: _____
Home Tel #: _____ Work Tel #: _____
Cell Tel #: _____ Email: _____
Address: _____ On Disability?

Name: _____
Home Tel #: _____ Work Tel #: _____
Cell Tel #: _____ Email: _____
Address: _____ On Disability?

If applicant is presently residing in a nursing home, did any child of the applicant live in the applicant's home during the two-year period before admission to the nursing home?
_____ Yes _____ No

If applicant is still living at home, is any child of the applicant living in the same home with the applicant right now?
_____ Yes _____ No

■ Real Estate

Type of Ownership: (J - Joint) (H - Husband) (W - Wife) (T - Trust)

Does the applicant own his/her own home? ___Yes ___No

If yes, type of ownership: ___J ___H ___W ___T

Address and approximate value: _____

Does the applicant own any farm property? ___Yes ___No

If yes: Is the home on the farm? ___Yes ___No

Is all of the acreage adjoining? ___Yes ___No # of acres: _____

Is it income producing? ___Yes ___No Yearly income: _____

Address and approximate value: _____

Does the applicant own any other real estate? ___Yes ___No

If yes: Type of ownership: ___J ___H ___W

What type of property (i.e., timeshare, rental, etc.)? _____

Address, and approximate value: _____

■ Bank Accounts:

List all type of bank accounts held during the past 36 months:

Name of Bank: _____ Account No(s): _____

Type of Ownership: _____ Approx. Balance: _____ Date Closed: _____

Name of Bank: _____ Account No(s): _____

Type of Ownership: _____ Approx. Balance: _____ Date Closed: _____

■ Life Insurance:

Name of Company: _____ Policy No(s): _____

Owner: _____ Face Value: _____ Cash Surrender Value: _____

Name of Company: _____ Policy No(s): _____

Owner: _____ Face Value: _____ Cash Surrender Value: _____

■ Other Assets Not Listed Above

■ Transfers

Has the applicant transferred any property within the past 36 months? Yes No

If Yes:

Type of Property	Value	Transferred To

■ Income

	Applicant	Spouse
Social Security:	_____	_____
Pension:	_____	_____
Veteran Benefits:	_____	_____
Other:	_____	_____

■ Other Information

DOES THE APPLICANT....

Have a prepaid funeral? Yes No

If yes, name of funeral director: _____

Have a burial plot? Yes No

Own an automobile? Yes No

Have a safe deposit box? Yes No

Have a power of attorney? Yes No

If yes, who is named as Agent? _____

Have a health care power of attorney? Yes No

Have a living will? Yes No

Expecting an inheritance? Yes No

Have Medicare? Yes No

If yes: ID# _____ Part A _____ Part B _____

Have private health insurance? Yes No

If yes: Company ID# Monthly Premium

Have long-term care insurance?

Yes

No

If yes:

Company

ID#

Pay-out Benefit

■ Additional Information
