

HAMMERLE FINLEY

LAW FIRM

MEDICAID PLANNING WORKSHEET

If there is not enough space to adequately complete your answer(s), please attach additional sheet(s) of paper. You may also attach copies of account statements, transfer documents, income statements, etc.

RESOURCES

Check to show things you and your spouse have or are buying. If you answer "Yes," show amount or value.

| | Yes | No | Account No. | Name and Location of Institution | Amount |
|----------------------------------------------------------------------------------------------|-----|----|---------------|----------------------------------|--------|
| 1. Checking Accounts | | | | | \$ |
| | | | | | \$ |
| 2. Savings Account | | | | | \$ |
| | | | | | \$ |
| 3. Certificate(s) of Deposit, Money Market Certificates(s), IRAs | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| 4. Savings Bonds, Stocks, Annuities | | | | | \$ |
| | | | | | \$ |
| If you or your spouse own an annuity, is the state of Texas named the remainder beneficiary? | | | | | |
| 5. Closed Accounts (within the last 60 months) | | | | | \$ |
| 6. Signature Authorization on Other Accounts | | | | | \$ |
| 7. Safe Deposit Box | | | Location? | | \$ |
| | | | List Contents | | |
| 8. Patient Trust Fund | | | Location? | | \$ |
| 9. Cash on Hand | | | | | \$ |

| | | | | | |
|------------------------------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------|
| 10. Life Insurance | | | Policy No. | Name of Company | Face Value |
| | | | | | \$ |
| | | | | | \$ |
| 11. Burial Plots | | | # of Plots | Name of Cemetery | Value |
| | | | | | \$ |
| 12. Preneed Funeral Contract | | | Purchaser/Owner | Name of Funeral Home | Value |
| | | | | | \$ |
| 13. Promissory/Mortgage Notes (submit a copy) | | | Description: | | \$ |
| 14. Trusts | | | Description: | | \$ |
| 15. Automobiles, Trucks, Recreational Vehicles | | | Year | Make/Model | Value |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| 16. a. Homestead, including Mobile Home (submit homestead tax appraisal) | | | Address/Location | Amount of Land | Current Value |
| | | | | | |
| b. If you are not currently living in your home, do you consider it your primary residence and intent to return? | | | Current Status of Home (check all that apply) | | |
| | | | <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied | <input type="checkbox"/> Not Producing Income <input type="checkbox"/> Producing Income | |
| 17. Life Estate/Remainder Interest | | | | | |
| 18. Other Land, Lots, Houses (either total or part ownership) | | | Amount of Land | Address/Location | Current Value |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |

| | | | | |
|--------------------------------------------------------------------------|--|--|----------|----|
| 19. Oil, Gas, Mineral, Surface Rights | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| 20. Livestock, Poultry | | | Itemize: | \$ |
| 21. Work Equipment | | | Itemize: | \$ |
| 22. Retroactive Benefits | | | Specify: | \$ |
| 23. Personal Property (fine china, silver, antiques, etc.) | | | Itemize: | \$ |
| 24. Do you own or share ownership of anything not named in this section? | | | Itemize: | \$ |

TRANSFER OF ASSETS

1. Have you transferred, deeded, sold, or given away any houses, lots, land, money, or anything else in the last sixty (60) months? Yes No

If "Yes," please complete the following:

| Item | Date of Transaction | To Whom? | Market Value | Amount Received |
|------|---------------------|----------|--------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. Have you waived the right to receive any income or an inheritance, or have you reduced the amount of benefits you receive from any source? Yes No

If "Yes," explain: _____

OTHER INCOME

Check "Yes" or "No" to show money you and your spouse receive. If you answer "Yes" show the amount.

| | Self | | | Spouse | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|------------------|--------|----|----------------|
| | Yes | No | Monthly Amount | Yes | No | Monthly Amount |
| 1. Social Security / Claim No. | | | \$ | | | \$ |
| 2. Supplemental Security Income / Claim No. | | | \$ | | | \$ |
| 3. Veteran's Payments / Claim No. | | | \$ | | | \$ |
| If "No," have you, your spouse, parent(s), or deceased child ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| If "Yes," complete the following: | | | | | | |
| Veteran's Name | Service No. | Relationship | Dates of Service | | | |
| <hr/> | | | | | | |
| <hr/> | | | | | | |
| <hr/> | | | | | | |
| | Self | | | Spouse | | |
| | Yes | No | Monthly Amount | Yes | No | Monthly Amount |
| 4. Railroad Retirement / Claim No. | | | \$ | | | \$ |
| 5. Civil Service Annuity / Claim No. | | | \$ | | | \$ |
| 6. Other Retirement / Specify | | | \$ | | | \$ |
| 7. Annuities/Payments from Private Insurance Name of Company | | | \$ | | | \$ |
| 8. Interest from checking, Savings, Certificates of Deposit, Payment from Notes How Often Received? | | | \$ | | | \$ |
| 9. Dividends from Stocks, Bonds, Insurance How Often Received? | | | \$ | | | \$ |
| 10. Rents from Rooms, Houses, Apartments, Etc. How Often Received? | | | \$ | | | \$ |
| 11. Money from Oil, Gas, Mineral, Surface Leases or Royalties / How Often Received? Name of Company. | | | \$ | | | \$ |

| | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----|--|--|----|
| 12. Farm Income, including Pasture Rentals, ASC Payments, Livestock, etc. | | | \$ | | | \$ |
| 13. Money from any person or place not listed in this section, including cash, gifts, contributions, bills pad for you by relatives or friends, or child support (including a training stipend) | | | \$ | | | \$ |
| <p>Explain: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> | | | | | | |