

Elder Law Consultation Form

Part I. CLIENT INFORMATION

Name: (First, MI, Last)	
Date of Birth:	Social Security Number:
Address:	
City, State, Zip Code:	
Home Phone:	Work Phone:
Date of Marriage:	
Spouse Name:	
Address:	
City, State, Zip Code:	
Date of Birth:	Social Security Number:
Living?	Yes If spouse is deceased, No date of death:
Primary Contact:	
Address:	
City, State, Zip Code:	

PART II. FAMILY	INFORMATION			
Number of Children:				
Child Name 1:				
Phone:		Age:	Child of:	Husband Wife Both
Address:				
City, State, Zip Code:				
Child Name 2:				
Phone:		Age:	Child of:	Husband Wife Both
Address:				
City, State, Zip Code:				
Child Name 3:				
Phone:		Age:	Child of:	Husband Wife Both
Address:				
City, State, Zip Code:				
Child Name 4:				

Phone:	Age:	Child of:	Husband Wife Both
Address:			
City, State, Zip Code:	 		
Child Name 5:			
Phone:	Age:	Child of:	Husband Wife Both
Address:			
City, State, Zip Code:			

Part III. QUESTIONS

1. Describe the physical/mental problems of the potential Medicaid recipient:

2. If the potential Medicaid recipient is married, what date did s/he first have a continuous hospitalization and/or nursing stay?

3. In your opinion, is the potential Medicaid recipient competent to sign legal documents?

Yes

No

4. Does the potential Medicaid recipient have a safety deposit box?

Yes

No

5. Does the potential Medicaid recipient have a Last Will and Testament or a Trust?

Yes

No

Not sure

6. Has the potential Medicaid recipient signed a Power of Attorney?

Yes

No

Not sure

7. Has the potential Medicaid recipient and/or his or her spouse made any gifts to any person other than his or her spouse from any trust within the last five (5) years?

Yes

No

8. Has the potential Medicaid recipient and/or his or her spouse made any gifts to any person other than their spouse from any trust within the last five (5) years?

Yes

No

9. Provide the following information concerning any gifts described in questions 7 and 8:

10. Is the client or spouse a veteran?

Yes

No

Part IV. MONTHLY INCOME

Client Name:

Social Security Income: (per month) Pension Income: (per month) Other Income: (per month)

Spouse Name:

Part V. FINANCIAL INFORMATION

Checking, Savings, Certificates of Deposit, Money Market Accounts

Descriptions and Current Values:

1.	Ownership:	Husband Wife Joint
2.	Ownership:	Husband Wife Joint
3.	Ownership:	Husband Wife Joint
4.	Ownership:	Husband Wife Joint
5.	Ownership:	Husband Wife Joint

Total Value:

Stocks, Bonds, Mutual Funds, Investment Accounts				
Descrip	Descriptions and Estimated Fair Market Values:			
1.	Ownership:	Husband		
		Wife		
		Joint		
2.	Ownership:	Husband		
		Wife		
		Joint		

3.		Ownership:	Husband Wife Joint
4.		Ownership:	Husband Wife Joint
5.		Ownership:	Husband Wife Joint
Total Value:			
(P	Retirement Plans a ension, Profit Sharing, Retirement An		03B, H.R., IRA)
	Companies/Custodians, Types	of Plan, Current	Values
1.		Ownership:	Husband Wife Joint
2.		Ownership:	Husband Wife Joint
3.		Ownership:	Husband Wife Joint
4.		Ownership:	Husband Wife Joint
5.		Ownership:	Husband Wife Joint
Total Value:			

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Descriptions and Estimated Fair Market Values:

1.	Mortgage Pay / Ownership:	Husband Wife Joint
2.	Mortgage Pay / Ownership:	Husband Wife Joint
3.	Mortgage Pay / Ownership:	Husband Wife Joint
4.	Mortgage Pay / Ownership:	Husband Wife Joint
5.	Mortgage Pay / Ownership:	Husband Wife Joint

Total Value:

Business Interests

(include all interests in any sole proprietorship, partnership, limited liability company and/or closely held corporation stock)

Descriptions a	and Fair Market Values:	
1.	Ownership:	Husband Wife Joint
2.	Ownership:	Husband Wife Joint
3.	Ownership:	Husband Wife Joint

4.	Ownership:	Husband Wife Joint
5.	Ownership:	Husband Wife Joint
Total Value:		
	Life Insurance	
Companies, Insured names, Death	Proceeds Beneficiary(ies), Curr	ent Cash Surrender Values
1.		
0		
2.		
3.		
4.		
5.		
Total Cash		
Surrender		
Value:		
	Annuities	
Companies, Owners, Be	eneficiary(ies), Current Cash Su	urrender Values
1.		
1.		

4.

2.

3.

5.

Total Cash Surrender Value:

Debts Owed to You

Names of Debtors, Current Balances, Dates of Debt, Due Dates

1.	Owed to:	Husband Wife Joint
2.	Owed to:	Husband Wife Joint
3.	Owed to:	Husband Wife Joint
4.	Owed to:	Husband Wife Joint
5.	Owed to:	Husband Wife Joint

Total Value:

Other Personal Property

1.	Ownership:	Husband Wife Joint
2.	Ownership:	Husband Wife Joint
3.	Ownership:	Husband Wife Joint
4.	Ownership:	Husband Wife Joint
5.	Ownership:	Husband Wife Joint

Descriptions, Estimated Fair Market Values, Lien Pay-off

Total Value:

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All Other Property Not Previously Described		
	Descriptions, Estimated Fair Market Values, Lie	en Pay-off
1.	Ownership:	Husband Wife Joint
2.	Ownership:	Husband Wife Joint
3.	Ownership:	Husband Wife Joint

4.	Ownership:	Husband Wife Joint
5.	Ownership:	Husband Wife Joint

Total Value:

Part VI. ADMINISTRATIVE INFORMATION

Who referred you to our office?

Form prepared

by:

Please provide the following documents to our office:

- 1. Last Will and Testament
- 2. Power of Attorney
- 3. Most recent statements concerning each life insurance policy and each annuity
- 4. Life insurance policies and annuity contracts
- 5. Deeds and any lease concerning any real estate

Please provide this information to our office prior to our initial conference, if possible

Rebecca W. Geyer Rebecca W. Geyer & Associates, PC 11550 N. Meridian Street, Ste. 200 Carmel, Indiana 46032 Phone: 317-973-4555 Facsimile: 317-489-5195 Date: