

REBECCA W. GEYER \& A S S O CIATES, PC Compassionate Counse For Every Generation 11550 N. Meridian Street, Ste. 200, Carmel, IN 46032
Elder Law Consultation Form

## Part I. CLIENT INFORMATION


$\square$
Address: $\square$
City, State, Zip Code:

| Date of Birth: |  |
| ---: | :--- |
| Living? | 〇 Yes |
|  | $\bigcirc$ No |

Social Security Number: $\square$
If spouse is deceased, date of death:

Primary $\square$
Contact:
Address: $\square$
City, State, $\square$

Phone: $\square$
$\square$

PART II. FAMILY INFORMATION

| Number of Children: |  |  |
| :---: | :---: | :---: |
| Child Name 1: |  |  |
| Phone: | Age: | Child of: Husband <br>  $\bigcirc$ Wife <br>  $\bigcirc$ Both |
| Address: |  |  |
| City, State, |  |  |

Zip Code:

Child Name 2:


Phone: $\square$ Age: $\square \quad$| Child | $\bigcirc$ Husband |
| ---: | :--- |
| of: | $\bigcirc$ Wife |
|  | $\bigcirc$ Both |

Address: $\square$
City, State,
 Zip Code:

Child Name 3:


Address: $\square$
City, State, $\square$
Zip Code:

Child Name 4: $\square$
Phone: $\square$
Age: $\square$
Child $\bigcirc$ Husband
of: $\bigcirc$ Wife
O Both

Address: $\square$
City, State, $\square$
Zip Code:

Child Name 5: $\square$


Address: $\square$
City, State, $\square$
Zip Code:

## Part III. QUESTIONS

1. Describe the physical/mental problems of the potential Medicaid recipient:
$\square$
2. If the potential Medicaid recipient is married, what date did $s / h e$ first have a continuous hospitalization and/or nursing stay?
3. In your opinion, is the potential Medicaid recipient competent to sign legal documents?
$\bigcirc$ Yes
O No
4. Does the potential Medicaid recipient have a safety deposit box?
$\bigcirc$ Yes
O No
5. Does the potential Medicaid recipient have a Last Will and Testament or a Trust?
$\bigcirc$ Yes
○ No
O Not sure
6. Has the potential Medicaid recipient signed a Power of Attorney?
$\bigcirc$ Yes
O No
O 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?
$\bigcirc$ 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?
$\bigcirc$ Yes
O 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)
$\square$
$\square$ Pension $\square$ Other Income: $\square$ Income: (per month)

Spouse Name:
(per month)
$\square$

Social Security Income (per month)
$\square$
$\square$

## Part V. FINANCIAL INFORMATION

Checking, Savings, Certificates of Deposit, Money Market Accounts
Descriptions and Current Values:
1.

2.

3.

4.
5.

Ownership: $\bigcirc$ Husband
O Wife
$\bigcirc$ Joint

Ownership: ○ Husband
O Wife
$\bigcirc$ Joint
Ownership: $\bigcirc$ Husband
O Wife
$\bigcirc$ Joint
Ownership: ○ Husband
O Wife
$\bigcirc$ Joint
Ownership:
O Husband
$\bigcirc$ Wife
O Joint
Total Value:


Stocks, Bonds, Mutual Funds, Investment Accounts Descriptions and Estimated Fair Market Values:
1.

Ownership: ○ Husband
O Wife
$\bigcirc$ Joint
2.

Ownership: ○ Husband
O Wife
$\bigcirc$ Joint
3.


## Ownership: $\bigcirc$ Husband

 O Wife $\bigcirc$ Joint4. 


5.


Ownership:
O Husband
$\bigcirc$ Wife
$\bigcirc$ Joint
Ownership: $\bigcirc$ Husband
O Wife
O Joint

Total Value: $\square$

Retirement Plans and Accounts
(Pension, Profit Sharing, Retirement Annuities, 401(k), 403B, H.R., IRA)
Companies/Custodians, Types of Plan, Current Values
1.


Ownership: $\bigcirc$ Husband
O Wife
$\bigcirc$ Joint
2.


Ownership: $\bigcirc$ Husband
O Wife
O Joint
3.


Ownership: ○ Husband
O Wife
O Joint
4.


Ownership: $\bigcirc$ Husband
O Wife
$\bigcirc$ Joint
5.


Ownership: ○ Husband
O Wife
$\bigcirc$ Joint
Total Value: $\square$

Descriptions and Estimated Fair Market Values:

1. $\square$
2. 



| Mortgage | $\bigcirc$ Husband |
| ---: | :--- |
| Pay / | $\bigcirc$ Wife |
| Ownership: | $\bigcirc$ Joint |
|  | $\bigcirc$ Husband |
| Mortgage | $\bigcirc$ Hay |
| Pay | $\bigcirc$ Wife |
| Ownership: | $\bigcirc$ Joint |

3. 


4.

5.


Total Value:


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

Descriptions and Fair Market Values:


Ownership:
O Husband
O Wife
O Joint
2.


Ownership: ○ Husband
O Wife
$\bigcirc$ Joint
3.


Ownership: 〇 Husband
$\bigcirc$ Wife
$\bigcirc$ Joint
4.

5.


Ownership: $\bigcirc$ Husband

## $\bigcirc$ Wife <br> Joint

Ownership: $\bigcirc$ Husband
O Wife
O Joint

Total Value:


## Life Insurance

Companies, Insured names, Death Proceeds Beneficiary(ies), Current Cash Surrender Values
1.

2.

3.

4.

5.


Total Cash $\square$
Surrender
Value:

Annuities
Companies, Owners, Beneficiary(ies), Current Cash Surrender Values

1. $\qquad$
2. $\square$
3. 


4.

5.


Total Cash $\square$ Surrender Value:

Debts Owed to You
Names of Debtors, Current Balances, Dates of Debt, Due Dates
1.


Owed to: ○ Husband
O Wife Joint
2.


Owed to: $\bigcirc$ Husband
O Wife
$\bigcirc$ Joint
3.


Owed to: $\bigcirc$ Husband
O Wife
O Joint
4.


Owed to: $\bigcirc$ Husband
O Wife
$\bigcirc$ Joint
5.


Owed to: $\bigcirc$ Husband
O Wife
O Joint
$\square$

## Other Personal Property

Descriptions, Estimated Fair Market Values, Lien Pay-off
1.


Ownership: $\bigcirc$ Husband
O Wife
O Joint
2.


Ownership: ○ Husband
$\bigcirc$ Wife
$\bigcirc$ Joint
3.


Ownership: $\bigcirc$ Husband O Wife O Joint
4.


Ownership: $\bigcirc$ Husband
$\bigcirc$ Wife
O Joint
5.


Ownership: ○ Husband O Wife
$\bigcirc$ Joint
Total Value: $\square$

All Other Property Not Previously Described
Descriptions, Estimated Fair Market Values, Lien Pay-off
1.


Ownership:
O Husband
O Wife
Joint
2.


Ownership: ○ Husband
O Wife
O Joint
3.


Ownership: $\bigcirc$ Husband
O Wife
O Joint
4.

5.


Ownership: ○ Husband O Wife
O Joint
Ownership: ○ Husband
O Wife
$\bigcirc$ Joint

Total Value: $\square$

## Part VI. ADMINISTRATIVE INFORMATION

Who referred you to our office?
$\square$
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
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