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ASSET PRESERVATION/MEDICAID QUESTIONNAIRE (SINGLE)

Date _____

File Number _____ (For Office Use Only)

Your accuracy in completing this form is very important. Please bring this information with you to the appointment.

A. PERSONAL DATA

Full Name _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth _____ Social Security No. _____

U.S. Citizen? Yes ___ No ___ Veteran or Spouse of Veteran? Yes ___ No ___

Home Phone No. _____ Cell Phone No. _____

Email: _____

If you are a Veteran who served at least one (1) day during war time and you do not drive a motor vehicle, you may qualify for a Veteran's Aid and Attendance Pension.

B. MEDICAL DATA

1. HEALTH

Diagnosis _____

Prognosis _____

Course of Treatment _____

If already in a nursing home

Name of Nursing home: _____

Address: _____

Date of Admission: _____

Daily rate: _____

PHYSICIAN

Primary Physician _____

Address _____

City _____ State _____ Zip _____

Tel. _____

C. GROSS MONTHLY INCOME

Social Security Benefits \$ _____ *Deductions: _____

Retirement Benefits \$ _____ *Deductions: _____

Veterans Disability Benefit \$ _____

Annuity Income \$ _____

Rental Income (Gross) \$ _____

TOTAL MONTHLY INCOME \$ _____

D. MONTHLY COST OF NURSING HOME OR ASSISTED LIVING

Monthly Nursing Home Cost \$ _____

Monthly Other Cost \$ _____

Total Monthly Cost \$ _____

*Deductions include Medicare premiums, taxes, health insurance premiums, union dues etc

E. MONTHLY SHELTER EXPENSES

(Please divide annual expenses by 12 and quarterly expenses by 4)

Rent/Mortgage \$ _____

Real Estate Taxes \$ _____

Water \$ _____

Sewer \$ _____

Utilities (Heat, Electric & Tel) \$ _____

Homeowner's insurance premium \$ _____

Condominium fees \$ _____

Total Monthly Housing Expenses \$ _____

F. GIFTS

Please list all gifts made to an individual or individuals, within the past 60 months:

Recipient _____ Date _____ Amount _____

Recipient _____ Date _____ Amount _____

Recipient _____ Date _____ Amount _____

Recipient _____ Date _____ Amount _____

F. LIFE INSURANCE

Company Name Policy #	Type:Whole or Term	Death Benefit Value	Face Value	Cash Value	Insured	Owner	Benificiary

It is very important to know the face value, cash value and the death benefit of your life insurance company policy. To obtain a valuation statement, please contact your insurance agent, or call the insurance company directly.

G. LONG TERM CARE INSURANCE

Do you have Long Term Care Insurance in effect Yes No

If yes, please provide information and copy of policy

H. CHILDREN (if applicable)

CHILD'S NAME	ADDRESS/ZIP	TELEPHONE #	DATE OF BIRTH	SOCIAL SECURITY #

Are all of your children in good health? Yes_____ No_____

Are any of your children blind or disabled? Yes_____ No_____

Are any of your children receiving SSI or other form of government entitlement? Yes_____ No_____

Are any of your children or other family members living with a chronic disease or terminal illness? Yes_____ No_____

Do any of your family members have any problems with:

Drug Addiction? Yes___ No___
Alcoholism? Yes___ No___
Spendthrift? Yes___ No___

Do any of your relatives (children, siblings, etc.) live with you in your home?
Yes___ No___

If yes, name of relative_____

I. CLIENT ASSET INFORMATION

PERSONAL PROPERTY

(Autos, Mobile Homes, R.V.s, Boats, Art, Antiques, Jewelry)

Description of Property	Value	How Titled?	Insured?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL VALUE OF PERSONAL PROPERTY: \$ _____

REAL ESTATE

For each listing, indicate type of property, i.e., condominium, mobile home, timeshare, land, single residence, multifamily residence, etc.

Primary Residence:

Address: _____

Type of Property: _____

Owner/title: _____

Date acquired: _____

Purchase Price: _____

Current Value: _____

Mortgage Balance: _____

Lender: _____

Improvements: Date: _____ Cost: _____

Real Estate Tax: _____

Exemptions: _____

Investment Property :

Address: _____

Type of Property: _____

Owner/title: _____

Date acquired: _____

Purchase Price: _____
Current Value: _____
Mortgage Balance: _____
Lender: _____
Improvements: Date: _____ Cost: _____
Real Estate Tax: _____
Exemptions: _____

Total value of real estate: \$ _____
Less outstanding mortgages: \$ _____
Equity in real estate: \$ _____

INTANGIBLE ASSETS

List Bank Accounts (including custodial accounts), CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds. This section must be completed in full. Please bring the most recent statement for each asset to the appointment. If the asset is an IRA, Keogh or 401(k) plan, please list in the next section.

Type of Account: _____
Name of Financial Institution: _____
Address: _____ Tel. _____
Name of Broker/Agent: _____
Ownership/Title: _____
Value: \$ _____ Account #: _____
Beneficiary: _____
Maturity date?: _____ Interest rate: _____
Annual interest earned? _____

Type of Account: _____
Name of Financial Institution: _____
Address: _____ Tel. _____
Name of Broker/Agent: _____
Ownership/Title: _____
Value: \$ _____ Account #: _____
Beneficiary: _____
Maturity date?: _____ Interest rate: _____
Annual interest earned? _____

Type of Account: _____
Name of Financial Institution: _____
Address: _____ Tel. _____
Name of Broker/Agent: _____
Ownership/Title: _____
Value: \$ _____ Account #: _____
Beneficiary: _____
Maturity date?: _____ Interest rate: _____
Annual interest earned? _____

Type of Account: _____
Name of Financial Institution: _____

Address: _____ Tel. _____
Name of Broker/Agent: _____
Ownership/Title: _____
Value: \$ _____ Account #: _____
Beneficiary: _____
Maturity date?: _____ Interest rate: _____
Annual interest earned? _____

Total intangible assets: \$ _____

IRA, KEOGH AND/OR 401(K) PLANS

Type of Account: _____
Name of Financial Institution: _____
Address: _____ Tel. _____
Name of Broker/Agent: _____
Ownership/Title: _____
Value: \$ _____ Account #: _____
Beneficiary: _____
Maturity date?: _____ Interest rate: _____ Annual interest: _____
Death benefit _____
Minimum distribution: _____

Type of Account: _____
Name of Financial Institution: _____
Address: _____ Tel. _____
Name of Broker/Agent: _____
Ownership/Title: _____
Value: \$ _____ Account #: _____
Beneficiary: _____
Maturity date?: _____ Interest rate: _____ Annual interest: _____
Death benefit _____
Minimum distribution: _____

Type of Account: _____
Name of Financial Institution: _____
Address: _____ Tel. _____
Name of Broker/Agent: _____
Ownership/Title: _____
Value: \$ _____ Account #: _____
Beneficiary: _____
Maturity date?: _____ Interest rate: _____ Annual interest: _____
Death benefit _____
Minimum distribution: _____

Total IRA, Keogh or 401(k) assets: \$ _____

TOTAL OF ALL ASSETS: \$ _____
(Add totals of personal property, real estate, intangible assets and retirement accounts)

LIABILITIES

Mortgages: \$ _____ Car Loans: \$ _____
Unpaid Medical: \$ _____ Other \$ _____
Credit Card Bills: \$ _____

Total Liabilities: \$ _____

J. REFERRAL

By Whom Were You Referred To This Office?

Name _____

Street Address _____

City _____ State _____ Zip _____

Tel. _____

K. CERTIFICATION

The undersigned hereby represents to Sullivan & Sullivan, P.C., and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:

Would you please tell us how you heard about Sullivan & Sullivan: _____
