

LAW OFFICE OF
JENETTE M. SCHWEMLER
1301 Pyott Road, Suite 201G
Lake in the Hills, IL 60156
(815) 245-4665

Questionnaire

1. Name: _____
2. Address: _____
3. Phone: _____ (home) _____ (cell)
4. E-mail Address: _____
5. Claimant's Name: _____
6. Date of Birth: _____
7. Date of Retirement: _____
8. Is the claimant a U.S. citizen? yes no
9. Claimant's Spouse's Name: _____
10. Spouse's Date of Birth: _____
11. Spouse's Date of Retirement: _____
12. Is the claimant's spouse a U.S. citizen? yes no
13. Has the claimant or someone who lives with the claimant received any assistance from the Department of Human Services or the Department of Aging before?
yes (specify department) _____ no
- a. Name of recipient: _____
- b. Age of recipient: _____
14. Is the claimant a veteran? yes no
 - a. Does the claimant currently receive veteran's benefits? yes no
 - b. Did the claimant serve during a time of war?
yes (specify conflict/war) _____ no
 - c. If yes, specify the benefits received: _____
15. Are any of your children blind or disabled? yes no

16. Are there any family members living in the claimant's home and/or caring for either the claimant or the claimant's spouse? yes no
- a. Name: _____
- b. Relation: _____
- c. Length of Time in Residence: _____
17. Has the claimant transferred or gifted any cash or assets with a value exceeding \$900 to anyone within the last 5 years (60 months)? yes no
- a. Value of Asset: _____
- b. Name of Person Transferred to: _____
- c. Date of Transfer: _____
- d. Purpose of Transfer: _____
- (attach separate sheet if necessary)
18. Has the claimant ever filed a gift tax return? yes no
- a. Year of gift tax return filed: _____
- b. Amount of gift claimed: _____
- (attach separate sheet if necessary)
19. Has the claimant or the claimant's spouse received an inheritance in the last five years?
yes no
20. Has the claimant or claimant's spouse disclaimed an inheritance in the last five years?
yes no
21. Does the claimant or the claimant's spouse expect an inheritance? yes no
22. What is the claimant's health condition? _____
23. What is the claimant's spouse's health condition? _____
24. Does the claimant or the claimant's spouse pay child support or maintenance (alimony)? _____
25. Does the claimant or the claimant's spouse have any prior wills or trusts?
yes no

34. Does the claimant have:

- | | | |
|-------------------------------------|-----|----|
| a. Power of Attorney for Property | yes | no |
| b. Power of Attorney for Healthcare | yes | no |

35. If the claimant were unable to carry out his/her financial business, whom would he/she want to pay bills, make investment decisions and carry out other transactions for him/her?

Name	Address	Phone
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36. If the claimant were unable to make decisions or communicate regarding healthcare, whom would the claimant want to have the authority to make those decisions?

Name	Address	Phone
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37. How did you find out about us?

- a. Attendance at seminar: _____ (location)
- b. Referred by a friend: _____ (name)
- c. Referred by professional contact: _____ (name)
- d. Referred by an agency: _____ (name)
- e. Other: _____

ASSETS AND INCOME

Assets	Husband	Wife	Held Jointly?
Cash Accounts			
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Investment Accounts			
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Stocks			
	\$	\$	
	\$	\$	
	\$	\$	
Automobiles (equity)			List any loans below
	\$	\$	
	\$	\$	
	\$	\$	
Retirement Accounts (IRAs)			Designate beneficiary below
	\$	\$	
	\$	\$	
	\$	\$	
Pension Plans (401(k), etc.)			Designate beneficiary below
	\$	\$	
	\$	\$	
	\$	\$	

Life Insurance Policies	Husband	Wife	Designate beneficiary below
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Annuities			Designate beneficiary below
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
Bonds			
	\$	\$	
	\$	\$	
Monies Owed to You			
	\$	\$	
Residence (equity)			List mortgages below
	\$	\$	
	\$	\$	
Other Real Estate (equity)			List mortgages below
	\$	\$	
	\$	\$	
Business Interests			
	\$	\$	
	\$	\$	
	\$	\$	
Anticipated Inheritance, Gift			
	\$	\$	
	\$	\$	

Pre-paid Funeral/Burial Costs/Plots	Husband	Wife	
	\$	\$	
	\$	\$	
Other Assets			
	\$	\$	
	\$	\$	
	\$	\$	
TOTAL:	\$	\$	

Income	Husband	Wife
Social Security	\$	\$
IRA Distributions	\$	\$
Withdrawal from Retirement Fund	\$	\$
Gifts or Inheritances	\$	\$
Waived Income	\$	\$
Gains from Gambling	\$	\$
Income from Joint Bank Accounts	\$	\$
Wages	\$	\$
Other Income	\$	\$
TOTAL:		

Please be advised that when the claimant is ready to apply for Medicaid, we will need the following documents:

1. Driver's license, photo identification card
2. Social security card (both sides)
3. Birth certificate, or other birth record (e.g. baptismal certificate)
4. Marriage license, divorce decree, death certificate, military service records
5. Check or Award letter from Social Security, SSI, Veteran's benefits, Worker's Compensation, or other disability
6. Check or Award letter for Unemployment Insurance and/or retirement benefits
7. Proof of money from other sources (loans, gifts from friends, relatives, rental income, etc.)
8. Deeds, tax bills, mortgage contracts, contracts for deeds (if property was sold in the last five years, provide closing documents)
9. Title, registration, contract and/or payment book for all motor vehicles
10. All individual and/or group life policy statements for the last five years and cash value
11. Bank statements and/or books, credit union accounts, trust funds (including copies of checks over \$1000 and deposit slips with back up over \$1000 AND including accounts that were closed) for the last five years
12. Written explanation for all transactions (deposits/withdrawals/ checks) over \$1000
13. Safety deposit box information
14. Statements for securities, stocks, bonds or any other investment for the last five years
15. Proof of ownership and value of burial lots or prepaid burial plans

16. Wills, codicils, trust agreements
17. Income tax returns and gift tax returns for the last five years
18. Medicare card (copy both sides) and supplemental health insurance card (copy both sides)
19. Supplemental health insurance statement
20. Power of Attorney for Health Care
21. Power of Attorney for Property
22. Guardianship documents
23. Business papers, such as partnership agreements, corporate minute books, buy/sell agreements, financial statements, business tax returns for the last five years
24. List of full names, addresses, phone #s, of people who have part in your planning as executors, trustees, beneficiaries of your estate, helpers, and advisors

Depending on the claimant's financial circumstances, additional documents may need to be provided.