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**NORTH RICHLAND HILLS, TEXAS 76182**

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**PH. (817) 280-0811**

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**\* BOARD CERTIFIED**

**ESTATE PLANNING & PROBATE LAW  
TEXAS BOARD OF LEGAL SPECIALIZATION**

**MEDICAID  
QUESTIONNAIRE**

In response to your contact with our office regarding Medicaid issues, enclosed please find a questionnaire in preparation for your appointment.

The completion of this questionnaire prior to your appointment will enable us to better serve you in a more timely and professional matter. If there is other information that we need, we will cover that at our initial office consultation.

We appreciate the opportunity to be of service to you in this matter.

**LEACH FOX LAW**

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Date \_\_\_\_\_

**MEDICAID INFORMATION SHEET**

Name of Medicaid:  
Applicant \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax/Pager/Mobile \_\_\_\_\_

Employer (Husband): \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

(Wife) \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

SS No. (Husband): \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

(Wife) \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Date of Texas Residence Established: \_\_\_\_\_ Both U.S. Citizen: Y/N

**CHILDREN:**

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

I. INCOME (MONTHLY AMOUNT):

- 1. Medicaid Applicant
  - A. Social Security \_\_\_\_\_
  - B. Retirement \_\_\_\_\_
  - C. Other \_\_\_\_\_
  
- 2. Spouse
  - A. Social Security \_\_\_\_\_
  - B. Wages \_\_\_\_\_
  - C. Retirement \_\_\_\_\_
  - D. Other \_\_\_\_\_

II. ASSETS

- 1. REAL ESTATE: Current Value:  
*Please bring a copy of the Warranty Deed on each piece of property*
  - A. Address: \_\_\_\_\_  
\_\_\_\_\_  
  
Balance of any Mortgage \$ \_\_\_\_\_  
Ownership as shown on Warranty Deed:  
\_\_\_\_\_
  - B. Address: \_\_\_\_\_  
\_\_\_\_\_  
  
Balance of any Mortgage \$ \_\_\_\_\_  
Ownership as shown on Warranty Deed:  
\_\_\_\_\_
  - C. Address: \_\_\_\_\_  
\_\_\_\_\_  
  
Balance of any Mortgage \$ \_\_\_\_\_  
Ownership as shown on Warranty Deed:  
\_\_\_\_\_

- 2. LIFE INSURANCE Cash Value    Death Benefit  
**On Life of Husband:**
  - A. Insurance Co. \_\_\_\_\_  
Type (circle) Term, Whole Life, Universal or Variable Life \_\_\_\_\_  
  
Primary Beneficiary \_\_\_\_\_  
  
Contingent Beneficiary \_\_\_\_\_

B. Insurance Co. \_\_\_\_\_  
Type (circle) Term, Whole Life, Universal or Variable Life \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

C. Insurance Co. \_\_\_\_\_  
Type (circle) Term, Whole Life, Universal or Variable Life \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

D. Insurance Co. \_\_\_\_\_  
Type (circle) Term, Whole Life, Universal or Variable Life \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

E. Insurance Co. \_\_\_\_\_  
Type (circle) Term, Whole Life, Universal or Variable Life \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

**On Life of Wife:** Cash Value      Death Benefit

A. Insurance Co. \_\_\_\_\_  
Type (circle) Term, Whole Life, Universal or Variable Life \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

B. Insurance Co. \_\_\_\_\_  
Type (circle) Term, Whole Life, Universal or Variable Life \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

C. Insurance Co. \_\_\_\_\_  
Type (circle) Term, Whole Life, Universal or Variable Life \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

D. Insurance Co. \_\_\_\_\_  
Type (circle) Term, Whole Life, Universal or Variable Life \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

E. Insurance Co. \_\_\_\_\_  
Type (circle) Term, Whole Life, Universal or Variable Life \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

3. TAX DEFERRED ASSETS

**In Name of Husband:**

Current Value:

A. 401K \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

B. IRA \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

C. IRA \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

Current Value:

D. IRA \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Contingent Beneficiary \_\_\_\_\_

Current Value:

**In Name of Wife:**

A. 401K \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Contingent Beneficiary \_\_\_\_\_

B. IRA \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Contingent Beneficiary \_\_\_\_\_

C. IRA \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Contingent Beneficiary \_\_\_\_\_

D. IRA \_\_\_\_\_  
 Primary Beneficiary \_\_\_\_\_  
 Contingent Beneficiary \_\_\_\_\_

**4. BANK ACCOUNTS**

	Name of Bank	Acct. type (CD checking, saving)	Name on Account	Current Value
A.	_____	_____	_____	\$ _____
B.	_____	_____	_____	\$ _____
C.	_____	_____	_____	\$ _____
D.	_____	_____	_____	\$ _____

- E. \_\_\_\_\_ \$ \_\_\_\_\_
- F. \_\_\_\_\_ \$ \_\_\_\_\_
- G. \_\_\_\_\_ \$ \_\_\_\_\_
- H. \_\_\_\_\_ \$ \_\_\_\_\_

5. INVESTMENT ASSETS (Brokerage Acct., Stocks, Bonds, Mutual Funds, Annuities, etc.)

	Name of Company or Fund	Type of Investment	Names as shown on Cert. or Acct.	Current Value
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____
F.	_____	_____	_____	_____
G.	_____	_____	_____	_____
H.	_____	_____	_____	_____
I.	_____	_____	_____	_____
J.	_____	_____	_____	_____

6. BUSINESSES

A. Name of Business \_\_\_\_\_

Type (circle) Corporation, Partnership, Sole Proprietorship

Percentage Ownership \_\_\_\_\_%

Is there a current Buy-Sell Agreement \_\_\_\_\_

B. Name of Business \_\_\_\_\_

Type (circle) Corporation, Partnership, Sole Proprietorship

Percentage Ownership \_\_\_\_\_%

Is there a current Buy-Sell Agreement \_\_\_\_\_

7. TANGIBLE PERSONAL PROPERTY

Approximate Value of Vehicles \_\_\_\_\_

Approximate Value of Household Furnishings and Personal Belongings \_\_\_\_\_

8. ADVISORS

A. Who is your tax advisor or CPA (if any) ?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

B. Who is your primary financial advisor (if any) ?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

9. OTHER

Do you have a Pre-Need Funeral or Burial Plan? \_\_\_\_\_  
If you have one, is it Medicaid Qualifying?

Do you own a cemetery lot? \_\_\_\_\_

Do you have Long Term Care Insurance? \_\_\_\_\_

10. ESTATE PLANNING

Do you currently have any of the following?

HUSBAND

WIFE

A. Will

i. Executor \_\_\_\_\_

ii. Will Recipients: \_\_\_\_\_

B. Durable Power of Attorney

i. To whom: \_\_\_\_\_



C. Medical Power of Attorney  
i. Agent for medical decisions: \_\_\_\_\_

D. Directive to Physician's (Living Will)

E. HIPPA Authorization

III. Other Information:

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