Medicaid Questionnaire

Institutional Spouse
> Address (how long)
> SS#
> Birth date
> School (grade completed)
> previous employer

Date entered Nursing facility (which)
Date entered Hospital (which)

Doctor

Health Insurance
> SS Amount
> Pension Amount
> Life Insurance

Community Spouse
> Address
> SS#
> Birth date
> School (grade completed)
> Previous employer

> SS Amount
> Pension Amount
> Life insurance

Marriage Certificate

Resources	Location	Amount
Safe Deposit Box		
Checking		
CD		
Stocks / Bonds		
IRA		
Funeral Trust		
Real Estate (Title)		

Monthly expenditures

Mortgage
Auto
Credit Cards
Taxes

Insurance
Gas
Electric
Water
Telephone
Fees

Recap Resources

Cash assets
CSU

Income

SS
Pension
other