

**ADVANTAGE PATHWAY™ QUESTIONNAIRE**  
**MEDICAID APPLICATION**

**I. Personal Information:**

- A. Full Name \_\_\_\_\_
- B. Date of Birth (*Month/Day/Year*) \_\_\_\_\_
- C. Social Security Number \_\_\_\_\_
- D. Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- E. E-mail: \_\_\_\_\_
- F. Citizenship  U.S.  Other \_\_\_\_\_
- G. Home Address: \_\_\_\_\_  
\_\_\_\_\_

**H. Children: *Please attach an addition page if necessary***

	<u>Name</u>	<u>Address</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**II. Current Documents:**

- A. Are any of the following documents in place?
- Will  Trust
- Financial Power of Attorney  Health Care Power of Attorney
- Prenuptial or Marital Agreement  Declaration to Physicians (Living Will)

**PLEASE PROVIDE A COPY OF ANY/ALL DOCUMENTS YOU HAVE IN PLACE.**  
*(If you provide originals, be assured we will make copies and return any necessary documents to you)*

**FINANCIAL INFORMATION**

**I. Assets:**

A. Real Estate. (Indicate street address, city, state and approximate sale value)

Value

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<hr/>	<hr/>
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B. Bank accounts and C.D.'s. (List separately, indicating institution and approximate amount of each account and maturity date for C.D.'s)

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C. Retirement assets: (IRA's/401K/403b, Profit Sharing Plans, Deferred Compensation, Roth IRA or other Retirement Plans)

D. Stocks, bonds, mutual funds and Investments that are not part of retirement plan.

(Indicate company, number of shares or face value)

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E. Money owed to you. (Mortgages, land contracts or promissory notes. Indicate debtor, collateral and amount)

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F. Business interests. (Partnerships, corporations, LLC's or sole proprietorships)

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G. Life Insurance and Annuities. (Indicate company, approximate death benefit)

**Face/Issue Value**

**Cash Value**

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H. Vehicles (Make, model and year)

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I. Other assets. (Personal property, collections or of significant value)

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**II. Liabilities and Debts:**



## REQUIRED DOCUMENTS AND INFORMATION

The following documents will be required for any application for government benefits to help pay Long Term Care expenses. **Please collect any of these documents that are available to you and bring them to your appointment.**

- Copy of Financial Power of Attorney
- Letter from the nursing home or Assisted Living Facility with admission date and daily cost of care
- Social Security Card
- Medicare Card
- Health Insurance Card and statement or invoice showing cost of health insurance.
- Birth Certificate
- Proof of naturalization or alien registration (if not born in the U.S.)
- Marriage Certificate
- Divorce Decree (if divorced)
- Statements for: Bank Accounts, CD's, Investment Accounts
- Stock Certificates, Bond Certificates of Deposit held individually
- Statement showing amount of funds in patient or resident fund at nursing home or assisted living facility
- Any information on land contracts, joint assets, retirement accounts, and any transfer of funds or property in the last 36 months
- A copy of trust documents created in the past 5 years.
- If applicant or spouse owns property or has a Life Estate, bring proof of payment, deed, taxes, homeowners insurance, etc. If property is listed for sale, bring a copy of the listing contract.
- All Annuity contracts and letter from company as to the current cash surrender value
- All insurance policies and letter from insurance company as to the current cash surrender value.
- Car title, if owned by applicant or spouse
- Copy of irrevocable burial trust and copy of updated irrevocable interest if interest is to accumulate in account.
- Copy of purchase of vault, casket, other allowed burial assets such as plots and headstones.
- Monthly statements for any social security, pensions, veterans benefits, railroad retirement, or other income received.
- Any current lease (if renting)
- Deed and tax bill for any real estate owned