LAW OFFICE OF DAVID M GOLDMAN – CONFIDENTIAL BENEFITS ELIGIBILITY FORM

FAX TO : (904) 875-4081 or email to dgoldman@JacksonvilleLawyer.pro

Complete this form to determine eligibility, Medicaid benefits

Referred by (name): ______________________________ Org: __________________________ Date: ______________

Client Name: _____________________ DOB: __________ Spouse (if applicable): ___________________ DOB: ________
Veteran ☐ Yes ☐ No ☐ **Who** ☐ You ☐ Spouse 1st ☐ 2nd ☐ other ☐
Dates of Service: ______________________ Honorable, Medical or General Discharge ☐ Yes ☐ No

Existing Estate Planning:	**You**		**Spouse** ☐ NA		
Will	☐ Yes ☐ No		☐ Yes ☐ No		Date: ______________
Trust	☐ Yes ☐ No	☐ Rev ☐ Irr	☐ Yes ☐ No	☐ Rev ☐ Irr	Date: ______________
Power of Attorney	☐ Yes ☐ No		☐ Yes ☐ No		Date: ______________
Health Care Proxy	☐ Yes ☐ No		☐ Yes ☐ No		Date: ______________
Living Will	☐ Yes ☐ No		☐ Yes ☐ No		Date: ______________
Long-Term Care Insurance	☐ Yes ☐ No		☐ Yes ☐ No	Daily benefit: $_________	Term _______(yrs)
In a Nursing Home?	☐ Yes ☐ No		☐ Yes ☐ No	Mo. Cost: $________	Unpd. Bal.: $__________

Your health plays an important role in designing an estate plan best suited for you and your loved ones.
You - current health: ☐ Good ☐ Concern ☐ Problem (Details) ____
Spouse - current health: ☐ Good ☐ Concern ☐ Problem (Details) ____

Have you given away any assets in the last 5 years? ☐ No ☐ Yes Total Value $ ______________________

	You		**Spouse** ☐ NA	
Do you have children:	☐ Yes How many? ______	☐ No	☐ Yes How many? ______	☐ No
Any children disabled:	☐ Yes ☐ No		☐ Yes ☐ No	

MONTHLY INCOME		CLIENT	SPOUSE	TOTAL
Pension		$	$	$
Social Security		$	$	$
Other: _________________________		$	$	$
Total Monthly Income		$	$	$
ASSETS (CURRENT VALUE)		**IN CLIENT/JOINT NAME**	**IN SPOUSE NAME**	**TOTAL**
Cash, Checking, Savings, CD's, Money Market & Cash Mgmt Accts.		$	$	$
Brokerage Accounts		$	$	$
Qualified Accounts: IRA, 401K, 403B, SEP, etc.		$	$	$
Life Insurance	Cash Surrender Value	$	$	$
	Death Benefit	$	$	
Annuities: (Current Value)		$	$	$
Home	Assessed Value:	$	$	$
	Fair Market Value:	$	$	$
Other Assets		$	$	$
Total Assets		$	$	$
LIABILITIES / DEBTS		**CLIENT/JOINT**	**SPOUSE**	**TOTAL**
Mortgage(s)/Other Debts		$	$	$
MONTHLY LIVING EXPENSES		**CLIENT/JOINT**	**SPOUSE**	**TOTAL**
Medical (Complete detail on back of form)		$	$	$
Non-Medical (How much you spend)		$	$	$

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MONTHLY MEDICAL EXPENSES
(Complete all that apply)

MONTHLY EXPENSES:	Veteran's Expenses	Spouse's Expenses	**TOTAL**
Assisted Living Costs			
Nursing Home Costs			
In Home Care			
Day Program			
Medications			
Co-Pays for Doctor			
Medicare A			
Medicare Supplement			
Medicare B			
Medicare D			
Hygienic Supplies			
Other			
TOTAL			$_______________

AUTHORIZATION – FOR FINANCIAL PROFESSIONALS ONLY

FOR RELEASE OF INFORMATION AND RECORDS

TO: _________________________________

I, ___________________________, hereby give my consent to authorize ______________________ to release to the ____, whose address is____________________________ any and all information regarding both personal and financial matters, including, but not limited to birth certificate, marriage certificate, family information, financial investments, stocks, bonds, certificates of deposits, bank accounts, tax returns, retirement accounts, pension plans, insurance plans, or any other financial documents. I hereby release ______________________ from any liability for providing the above-referenced information to the ____ reliance of this consent.

A photocopy of this authorization shall retain the same force and effect as the original.

Dated: _______________________

____
Client Name

____
Witness