

MEDICAID SPECIAL NEEDS TRUST DATA INTAKE FORM

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T&M Staff : _____
Lawyer: _____
T&M Client Agreement date: _____
Date completed form received: _____

Please Print or Type

PERSON COMPLETING THIS FORM: _____
RELATION TO DISABLED PERSON (Self, parent, guardian, etc.): _____
ADDRESS: _____

TELEPHONE # _____ (work) # _____ (home)
_____ (pager) # _____ (fax)

DISABLED PERSON

NAME: _____
Gender of Disabled Person: Lady: _____ Gentleman: _____
RESIDENCE ADDRESS: _____
MAILING ADDRESS CITY / STATE ZIP: _____

TELEPHONE NUMBER: Area Code: _____ - _____
DOB: _____ AGE: _____ SSN: _____ MARITAL STATUS: _____
PRESENT LOCATION (PATIENT/ROOM #): _____
RESIDENCE IN VIRGINIA COUNTY / CITY: _____
DATE OF DISABILITY (OR BIRTH, IF SINCE BIRTH): _____
DATE OF SOCIAL SECURITY / STATE DISABILITY
OFFICE DETERMINATION OF DISABILITY: _____

PROPOSED TRUSTEE - PRIMARY

This is the person who will be primarily responsible for the assets in the trust. There is usually a second person or bank or trust company to serve if this person is not able to serve.

NAME : _____
RESIDENCE ADDRESS: _____
COUNTY/CITY/ZIP: _____ TELEPHONE: _____
DOB: _____ AGE: _____ SSN: _____ RELATION: _____

NOTE: The Trustee should not be a person with financial troubles and cannot be a person with a history of felony or larceny. In most cases the Trustee will be required to disclose his or her history of bankruptcy and felony convictions.

PROPOSED TRUSTEE - SECONDARY

This is the person who will be responsible for trust assets when the primary trustee is not available to serve.

NAME : _____

RESIDENCE ADDRESS: _____

COUNTY/CITY/ZIP: _____ TELEPHONE: _____

DOB: _____ AGE: _____ SSN: _____ RELATION: _____

NOTE: The Trustee should not be a person with financial troubles and cannot be a person with a history of felony or larceny. In most cases the Trustee will be required to disclose his or her history of bankruptcy and felony convictions.

CONSERVATOR / GUARDIAN / POWER OF ATTORNEY

CURRENT AGENT UNDER POWER OF ATTORNEY OR ADVANCE MEDICAL DIRECTIVE; CURRENT GUARDIAN AND / OR CONSERVATOR, IF ANY:

NAME : _____

RESIDENCE ADDRESS: _____

COUNTY/CITY/ZIP: _____ TELEPHONE: _____

RELATION: _____ Agent _____ Guardian _____ Conservator

RELATION TO DISABLED PERSON: _____ (e.g., father, mother, friend)

TELEPHONE NUMBER: _____ / _____ / _____

DATE OF POWER OF ATTORNEY or ORDER: _____

ATTACH COPY OF POWER OF ATTORNEY OR GUARDIANSHIP / CONSERVATORSHIP ORDER

SPECIAL NEEDS OF DISABLED PERSON

**DISABLED PERSON FINANCIAL INFORMATION
INCOME**

Social Security \$ _____/mo type: _____

Retirement \$ _____/mo source: _____

Interest \$ _____/mo source: _____

Other \$ _____/mo source: _____

ASSETS

Real Estate

Location: _____ insured? _____

Tax Assessed value \$ _____ Taxes due? _____

(REAL ESTATE INFORMATION CONTINUED)

How held? _____ (sole, t/e, etc.)

Mortgage? _____

Motor vehicles

Make/Model _____ Year _____ Value \$ _____

Make/Model _____ Year _____ Value \$ _____

Other valuable personal property:

Describe: _____ Value \$ _____

Bank Accounts:

Location: _____ Acct # _____ Value \$ _____

Location: _____ Acct # _____ Value \$ _____

Location: _____ Acct # _____ Value \$ _____

LIFE INSURANCE

KIND OWNER BENEFICIARY FACE AMT CASH AMT LOAN?

whole/

term

**MEDICAL/HEALTH CARE INFORMATION
DIAGNOSIS**

Attending Physician: _____ Date last visit: _____

Address/Phone / Fax / Pager / E-Mail: _____

Psychiatrist: _____ Date last visit: _____

Address/Phone / Fax / Pager / E-Mail: _____

Hospital & Date of Admission: _____ Phone: _____

Social Worker: _____ Phone/Pager: _____

Nursing/Adult Home: _____ Phone/Pager: _____

Address: _____ Contact: _____

HEALTH INSURANCE

Medicare A _____ B _____ Claim # _____

Medicare Supplement _____ Claim # _____

Medicaid Claim # _____ City/County _____

Eligibility Date _____ Worker: _____

PERSON INJURY SETTLEMENT FUND?

If the fund which will be placed in the Trust is from a personal injury claim of the Disabled Person, please state the date of the injuries, describe the personal injuries, and give the name and address of the personal injury attorneys representing the Disabled Person. If there are pleadings in the case already, please provide them to Thompson & McMullan, P.C.

**Return to Elder Law Section
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