J. DOUGLAS FITZGERALD
Attorney at Law

## FITZGERALD LAW OFFICE

Personal Information:

# ADVANTAGE PATHWAY™ QUESTIONNAIRE MEDICAID APPLICATION

••	resonar information.					
A.	Full Name					
B.	Date of Birth (Month/Day/Year)					
C.	Social Security Number					
D.	Phone: ()	<u>-</u>				
E.						
F.		ther				
G.	Home Address:					
Н.	Children: <i>Please attach an additi</i>	on page if necessary				
1.	<u>Name</u>	<u>Address</u>				
2						
2.						
3.						
4.						
7.						
5.						
II.	<b>Current Documents:</b>					
A.	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 AN	NY/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**

<u>As</u>	ssets:		
A.	Real Estate. (Indicate street address, city, state and approximate sale value)	<u>Value</u> 	_
В.	Bank accounts and C.D.'s. (List separately, indical institution and approximate amount of each account and mate date for C.D.'s)	uting	_
			- - -
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)		_
E.	Money owed to you. (Mortgages, land contracts or promissory notes. Indicate debtor, collateral and amount)		_
F.	Business interests. (Partnerships, corporations, LLC's or sole proprietorships)		_
G.	Life Insurance and Annuities. (Indicate company, approximate death benefit)	Face/Issue Valu	e Cash Value
Н.	Vehicles (Make, model and year)		
I.	Other assets. (Personal property, collections or of significant value)		_

### II. Liabilities and Debts:

A.	Mortgages. (Indicate to whom, approximation and whether there is collateral)	ximate	<u>Amount</u>	<u>Collatera</u>	<u>l</u>
В.	Other Bills and Amounts Due to whom, approximate amount and whether collateral)	2. (Indicate er there is			
III. <u>Ir</u>	<u>icome</u>				
A.	Social Security	\$		<u> </u>	
	Pension	\$		_	
C.	Other	\$		_	
IV. <u>L</u>	ong Term Care				
<u>In</u>	surance: Do you own a Long	Term Care Ir	isurance Po	olicy? 🗆 Ye	es □ No
	If yes, please answer the follow	ving question	s:		
	A. Insurance Company Na	me			
	B. Daily Benefit				
	C. Term of Years for Policy				
	D. Is the policy a Wiscons Program policy?	in Partners	□ Yes □ I	No	
	sisted Living/Nursing Home ( ted Living Facility or Nursing			y paying an □ No	y bills for an
	Monthly Cost of Care: Name of Facility or Home:				
other	fts and Transfers: List any a person during the previous !	years. This	s includes g	gifts, loans	, withdrawals
	joint accounts and any other thing of value without paying		neone rece	ivea mone	y or
	Recipient/Description of T	ransfer	Date		Amount
				<del></del>	
				<del></del>	
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				·	

#### 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