



Vickstrom Law, PC

Estate Planning & Elder Law
172 Shrewsbury Street
Worcester, MA 01604

MassHealth Questionnaire

<u>Applicant</u>	
Name	
Address	<input type="checkbox"/> Nursing Home <input type="checkbox"/> His/Her Home
(and name of facility, if applicable)	
Telephone #	
Social Security #	
<u>Spouse</u>	
Name	
Address	
Telephone #	

Tax Returns

Has the applicant and/or spouse filed tax returns in the last 2 years? Yes No

Will the applicant and/or spouse file tax returns next year? Yes No

For married couples, do you file joint tax returns? Yes No

Does the applicant or spouse have any of the following deductible expenses?

Alimony Student Loan Interest Other tax deductions (list: _____)

Public Benefits

Has the applicant or spouse ever received SSI? Yes No

If so, when did you last get SSI? (month/year) _____

Sources of Income (Check all that apply)

Applicant	Spouse
<input type="checkbox"/> Social Security	<input type="checkbox"/> Social Security
<input type="checkbox"/> Pension from _____	<input type="checkbox"/> Pension from _____
<input type="checkbox"/> Pension from _____	<input type="checkbox"/> Pension from _____
<input type="checkbox"/> Annuity	<input type="checkbox"/> Annuity
<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Veterans Benefits
<input type="checkbox"/> Trusts	<input type="checkbox"/> Trusts
<input type="checkbox"/> Military pay (not paid through VA)	<input type="checkbox"/> Military pay (not paid through VA)
<input type="checkbox"/> Rental	<input type="checkbox"/> Rental

Do you expect the income to be the same next year? Yes No

Health Insurance (Check all that apply)

Applicant	Spouse
<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicare
<input type="checkbox"/> Federal Health Insurance	<input type="checkbox"/> Federal Health Insurance
<input type="checkbox"/> Other Insurance * Company _____ Start date _____	<input type="checkbox"/> Other Insurance * Company _____ Start date _____
<input type="checkbox"/> Medicare Part D plan Company _____ Start date _____	<input type="checkbox"/> Medicare Part D plan Company _____ Start date _____

**Includes insurance through employer, former employer and coverage purchased directly.*

Assets (Check all types of assets currently owned and list bank name)

Applicant	Spouse
<input type="checkbox"/> Checking _____	<input type="checkbox"/> Checking _____
<input type="checkbox"/> Savings _____	<input type="checkbox"/> Savings _____
<input type="checkbox"/> Money Market _____	<input type="checkbox"/> Money Market _____
<input type="checkbox"/> CD _____	<input type="checkbox"/> CD _____
<input type="checkbox"/> IRA _____	<input type="checkbox"/> IRA _____
<input type="checkbox"/> Personal Needs Allowance	<input type="checkbox"/> Personal Needs Allowance
<input type="checkbox"/> Life Insurance _____	<input type="checkbox"/> Life Insurance _____
<input type="checkbox"/> Stocks _____	<input type="checkbox"/> Stocks _____
<input type="checkbox"/> Investments _____	<input type="checkbox"/> Investments _____
<input type="checkbox"/> Annuity _____	<input type="checkbox"/> Annuity _____

Real Estate

Does the applicant or spouse own any real estate? Yes No

If yes, provide address _____

Does the applicant or spouse own any other real estate? Yes No

If yes, provide address _____

Vehicles

Does the applicant or spouse own any cars, trucks, mobile homes, boats or recreational vehicles? Yes No

If yes, list types owned _____

Prepaid Burial

Does the applicant or spouse have any of the following?

Burial Contract Yes No

Burial Trust Yes No

Burial Plot Yes No

Burial Bank Account Yes No

Life Insurance for Burial Yes No

Trusts

Is the applicant or spouse the beneficiary, donor or trustee of any trusts?

Yes No

If yes, list name of trust _____

Who is/are the Trustee(s)? _____

Misc. Questions

In the past 60 months has the applicant, spouse or someone acting on their behalf:

transfer income or the right to income? Yes No

transfer, change ownership in, give away or sell any assets? Yes No

change the ownership of any real estate (inc. creating a life estate)? Yes No

add a name to the deed of any property owned? Yes No

give any mortgages or loans on any property or assets? Yes No

purchase or change an annuity? Yes No

transfer assets into or out of a trust? Yes No

Who will be signing the application? _____

If someone acting on behalf of applicant (i.e power of attorney), please provide a copy of the document.

Date for which benefits are being sought? _____

Has a deposit been given to an assisted living facility? Yes No

If yes: Name of Facility _____

Address _____

Date Deposit Given _____

Amount _____