



719 Garden Street • Titusville, FL 32796 • Phone: 321-269-1511 • Fax: 321-264-7676

JERRY W. ALLENDER, ESQ.
jallender@allenderlaw.com

STEVEN C. ALLENDER, ESQ.
sallender@allenderlaw.com

Medicaid/Nursing Home Consultation Form

Note: Please bring this form with you to the consultation

I. NAME OF MEDICAID APPLICANT (Patient): _____

A. Age: _____ B. Date of Birth: _____

C. Telephone No.: _____

D. Home Address: _____

E. If not at home, give name or address of residency: _____

F. Medical condition/illness: _____

G. Is Applicant a Veteran? Yes _____ No _____

II. MEDICAID APPLICANT'S Spouse's Name (If Married): _____

A. Home Address: _____

B. Age: _____ C. Telephone No.: _____

C. Is this the first marriage? Yes _____ No _____

D. If not a first marriage, is there a pre or post nuptial agreement?

Yes _____ (bring copy) No _____

III. CHILDREN:

A. _____ *Relationship:* _____
Full Name and Address

B. _____ *Relationship:* _____
Full Name and Address

C. _____ *Relationship:* _____
Full Name and Address

D. _____ *Relationship:* _____
Full Name and Address

E. _____ *Relationship:* _____
Full Name and Address

IV. ESTATE PLANNING DOCUMENTS

A. Is/Are there any Wills and/or Trusts?

Yes _____ No _____ (if so, bring copies)

B. Is/Are there Powers of Attorney and Health Care Documents?

Yes _____ No _____ (if so, bring copies)

C. Is/Are there Living Wills and Health Care Surrogate (Proxy) Designations?

Yes _____ No _____ (if so, bring copies)

V. INCOME

A. Applicant's

Gross Social Security Monthly Benefit \$ _____

Gross Monthly pension (from whom?) \$ _____

Gross Monthly pension (from whom?) \$ _____

Detail other income except for interest and dividends:

_____ \$ _____

_____ \$ _____

B. Spouse's:

Gross Social Security per month \$ _____

Gross Monthly pension (from whom?) \$ _____

Gross Monthly pension (from whom?) \$ _____

Other income (don't list interest or dividends set out above) per month \$ _____

VI. ASSETS

1. Real Estate: Using the descriptions below, please identify the real estate you own:

Primary Residence Land Rental Home Commercial Property
 Second Residence Vacation Home Rental Property Time Share

Type of Real Estate	Who owns the Real Estate		Approximate Value
	Individual	Joint	
	Individual	Joint	
	Individual	Joint	
	Individual	Joint	

5. Insurance: Using the descriptions below, please identify any insurance you maintain:

Term Policy Universal Life Policy
 Whole Life Policy Variable Life Policy

Type of Insurance	Who owns the Insurance	Approximate Value
	Individual Joint	
	Individual Joint	
	Individual Joint	

6. Businesses: Using the descriptions below, please identify any businesses you own or have a majority of stock in:

General Partnership C Corporation Sole Proprietorship
 Ltd. Partnership(Bus.) S Corporation LLC

Type of Business	Who owns the Business	Approximate Value
	Individual Joint	
	Individual Joint	