

Carl B. Zacharia  
Christine B. Murphy  
Colleen D. Bratkovich  
Justin E. Ellis  
Carrie E. Conboy  
Benjamin W. Urso  
Thomas A. McCaffrey



111 West McMurray Road  
McMurray, PA 15317  
Tel: (724) 942-6200  
Fax (724) 942-6202

[www.PittsburghElderLaw.com](http://www.PittsburghElderLaw.com)

McMurray, Pa    Wexford, Pa    McKeesport, Pa    Bradenton, Fl    Pompano Beach, Fl

## Medical Assistance Application Analysis - Single Person

Please answer the questions contained in this document.

It will enable the attorneys and staff at Zacharia Brown to thoroughly review your application before it goes in and identify:

1. Areas where you may be able to save and protect additional assets;
2. Whether and to what extent you may be able to preserve and protect your home;
3. Problem areas and issues in your application;
4. Ways where you may be able to completely or partially eliminate problems;
5. How much you should be paying to the nursing home while the application is pending;

Applying for Medicaid for nursing home care payment can be exhausting. The caseworkers are incredibly thorough and will be combing through all of the financial information you provide as well as the financial information available to them from the IRS and the Pennsylvania Department of Revenue. If you leave out an asset or do not fully respond, your application will not be complete and it will only cost you. Please be as complete and as accurate as possible.

**Primary Contact** (May or may not be the client)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Client \_\_\_\_\_

**Client**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

DoB \_\_\_\_\_ Age \_\_\_\_\_

No. Children \_\_\_\_\_

Is any child disabled or blind?    Yes    No

Does any child reside at home with Applicant?    Yes    No

US Citizen    Yes    No

Veteran    Yes    No

Was Applicant's spouse a Veteran?    Yes    No

Dates of Service \_\_\_\_\_

Physical Condition \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

**Children**

Name

Address

Age

Sex

Marital

<u>Name</u>	<u>Address</u>	<u>Age</u>	<u>Sex</u>	<u>Marital</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe any issues or problems related to the above children.

**NURSING HOME INFORMATION**

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ County \_\_\_\_\_

Telephone \_\_\_\_\_ Daily Rate \$ \_\_\_\_\_

Admission Date \_\_\_\_\_ Date Insurance Ended \_\_\_\_\_

Date Paid Through: \_\_\_\_\_ Current Amount Due \$ \_\_\_\_\_

Monthly Income

Medical Insurance

Social Security: \$ \_\_\_\_\_ Part B Deduction: \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_ Medical Insurance Company: \_\_\_\_\_

Veterans \$ \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ Monthly Premium \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ Part D Company: \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ Monthly Premium: \$ \_\_\_\_\_

Monthly Total \$ \_\_\_\_\_ Monthly Total \$ \_\_\_\_\_

**Debts**

Does the Applicant have a mortgage? Yes No \$ \_\_\_\_\_

Does the Applicant have a tax obligation? Yes No \$ \_\_\_\_\_

Does the Applicant have any other debts? Yes No \$ \_\_\_\_\_

Notes: Total \$ \_\_\_\_\_





**Estate Plan**

Do you current have current:

Yes	No	Last Will & Testament
Yes	No	Power of Attorney
Yes	No	Health Care POA
Yes	No	Living Will
Yes	No	Revocable Trust
Yes	No	Irrevocable Trust

If you do not have an Estate Plan or want to update it. Whom would you choose as:

Executor: \_\_\_\_\_ Alternate: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_ Alternate: \_\_\_\_\_

Health Care POA: \_\_\_\_\_ Alternate: \_\_\_\_\_

Do you have Long Term Care Insurance? Yes No

Company: \_\_\_\_\_ Daily Benefit \$ \_\_\_\_\_

**Funeral / Burial**

Funeral Home \_\_\_\_\_

Prepaid Funeral Amount \$ \_\_\_\_\_

Cemetery \_\_\_\_\_

Burial Plots \_\_\_\_\_

**Gifting**

Have you made any gifts in the past five years? A gift is defined as giving anything to anyone for less than it is worth. So a sale of a \$20,000 car for \$5,000 would be considered a \$15,000 gift.

Yes No

Describe:

**Referral**

Who referred you to Zacharia Brown Elder Law? \_\_\_\_\_

**CERTIFICATION**

The undersigned hereby represents to Zacharia Brown PC that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Zacharia Brown PC may not be appropriate.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Client or Representative*

**SUBMIT**