



MORTON  
LAW FIRM, PLLC

Medicaid Planning  
Client Information Summary

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Estate Planning, Asset Protection & Elder Law  
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# SIMPLE BACKGROUND INFORMATION

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you.

## Husband's Information

Full Legal Name \_\_\_\_\_  
(Name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(Other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address

## Wife's Information

Full Legal Name \_\_\_\_\_  
(Name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(Other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ County of Residence \_\_\_\_\_

Business Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address

Date of Marriage \_\_\_\_\_ Existing Prenuptial Agreement? \_\_\_\_\_

Have you ever lived in any of the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin?  Yes  No

Are either of your parents still living?  Yes  No

Are either of your grandparents still living?  Yes  No

## POTENTIAL “INDIVIDUAL” BENEFICIARIES

Identify those children and/or other family members who are most likely a possible beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes. (Insert additional sheets, if necessary)

**Special Note When Identifying Children:** For “Children” use “JT” if both spouses are the parents, “H” if husband is the parent, “W” if wife is the parent, “S” if a single parent.

Name/Address/Telephone Number

Birth date

Relationship

1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does any potential beneficiary have special educational, medical or physical needs, or receive governmental benefits such as SSI or Social Security Disability?  Yes  No

Does any potential beneficiary have any potential problems with drug or alcohol abuse?  Yes  No

Are you concerned with any potential beneficiary's ability to handle/manage money?  Yes  No

Are you concerned with your children's ability to get along with one another?  Yes  No

Are their problems/concerns relative to your relationship with your children (or spouse's children)?  Yes  No

Have any of your children suffered a divorce?  Yes  No

Have all of your children completed their education?  Yes  No

Does anyone other than your spouse assist with your care?  Yes  No Relationship \_\_\_\_\_

**STEP****3****HEALTH**

Many, but not all, of our clients suffer from a health condition. If you or your spouse have been diagnosed with a condition which adversely impacts your life, please indicate it below.

Name of Ill Spouse \_\_\_\_\_ Relationship Self  Other \_\_\_\_\_

Diagnosis \_\_\_\_\_

Prognosis \_\_\_\_\_

Course of Treatment \_\_\_\_\_

Where Ill Spouse Resides \_\_\_\_\_ Is this a Nursing Home  Yes  No

If Yes, date entered? \_\_\_\_\_

Name of Well Spouse \_\_\_\_\_ Relationship Self  Other \_\_\_\_\_

Where Well Spouse Currently Resides \_\_\_\_\_ Is this a Nursing Home  Yes  No

If Yes, date entered? \_\_\_\_\_

**STEP****4****PEOPLE WHO ADVISE YOU**

Your various advisors play a key role in the establishment of your estate plan. By way of example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts. Your accountant may need to be consulted relative to income tax matters. And your physician should be informed of any health care directives you establish.

**Name****Telephone**

Accountant \_\_\_\_\_

\_\_\_\_\_

Financial Advisor \_\_\_\_\_

\_\_\_\_\_

Life Insurance Agent \_\_\_\_\_

\_\_\_\_\_

Personal Physician (H) \_\_\_\_\_

\_\_\_\_\_

Personal Physician (W) \_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_

\_\_\_\_\_

## CONCERNS & ANXIETIES

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

	<u>Level of Concern (if any)</u>			
	None	Low	Medium	High
<b>Tax Concerns</b>				
Risk of the IRS "inheriting" half the estate when we die.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of capital gains taxes paid on the sale of property.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary income taxes being paid on investment assets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family Concerns</b>				
Risk of persons other than those we select will gain custody of any minor children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits or to a divorcing spouse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a child or other beneficiary losing his or her inheritance due to mismanagement of the money .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that upon the death of a child or other beneficiary, any inheritance received by that person might pass to a spouse (who may later remarry) rather than passing to a grandchild or other preferred heir .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that assets left to your spouse (whether by virtue of joint tenancy or by will) might not pass to your intended heirs as a result of your spouse remarrying .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary litigation from heirs who receive less than they think they are entitled to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of estate passing unequally due to nature of assets owned, such as where a business comprises most of the value of the estate .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that heirs will not fully appreciate the values and virtues used to create the inheritance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that parents, who may need financial assistance, are not provided for.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# CONCERNS & ANXIETIES (CONTINUED)

	<u>Level of Concern (if any)</u>			
	None	Low	Medium	High
<b>Disability Concerns</b>				
Risk of loss of control over assets in event of disability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of legal guardianship in event of disability .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die peaceably and without pain .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that health care personnel will not disclose health care information to loved ones due to lack of proper HIPAA releases .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of an unnecessary guardianship over an incapacitated adult child in order to make health care decisions for that child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Creditor Concerns</b>				
Risk of frivolous lawsuits .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of loss of assets to nursing home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that a creditor of a joint tenant may seize the jointly-owned property to satisfy the debt of the other joint tenant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Post-Death Concerns</b>				
Risk of unnecessary costs and delays associated with the estate passing through probate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of having to sell assets in a "fire sale" in order to create the liquidity needed to pay taxes and expenses .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that the person(s) charged with managing your affairs after you've passed will innocently make mistakes because he or she is unaware of what is required and is unaware of the personal liability for those mistakes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of private matters unnecessarily being made public .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# CONCERNS & ANXIETIES (CONTINUED)

	<u>Level of Concern (if any)</u>			
	None	Low	Medium	High
<b>Business Concerns</b>				
Risk that corporate shield will fail to protect corporate assets because corporate meetings have not been held annually, corporate minutes kept, officers elected, etc. <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of lawsuits by employees due to out-of-date or non-existent employee agreements..... <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of business failure due to the lack of a business succession plan ..... <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary expenses associated with the sale of a business because of the absence of an exit plan having been prepared ahead of time ..... <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unintended financial results stemming from a Buy/Sell Agreement that is out of date and/or underfunded ..... <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# APPOINTMENTS—PEOPLE TO ASSIST YOU

One of the most important aspects of any estate plan is the “appointment” of various persons to assist you and your family in times of need – particularly when death or disability strikes. These appointed “helpers” are called by different names depending on the type of estate plan you elect to implement. In this Section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

## Successors to You and Your Spouse

Who will serve as guardian for your minor children (if any)?

		Husband's Responses	Wife's Responses
Guardians	First Choice		
	Second Choice		

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

		Husband's Responses	Wife's Responses
Financial Successor	First Choice		
	Second Choice		

If you were (both) incapacitated for any period of time, who would you choose to make health care decisions for you?

		Husband's Responses	Wife's Responses
Health Care Successor	First Choice		
	Second Choice		

If you were (both) deceased, who would you choose to administrate and distribute your estate?

		Husband's Responses	Wife's Responses
Estate Fiduciary	First Choice		
	Second Choice		



# INCOME AND ASSET ASSESSMENT

Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title “ownership” is important for tax and transfer matters. The “value” will be significant in determining potential tax liability and whether such asset will be counted as “available” for purposes of Medicaid. The “character” is relevant in assessing the manner by which the asset can transfer.

## Assets Information

The values listed are for discussion purposes only. A more accurate list will be obtained at a later date. You may use the back of this paper to continue a list in each category of asset.

To identify the Owner of an asset, use “JTS” for joint ownership with spouse; “JTO” for joint ownership with non-spouse; “H” for Husband as sole owner; “W” for Wife as sole owner; or “T” if owned by a revocable trust that you have created.

**Bank and Savings Accounts.** To identify type of account, use “CA” for checking account; “SA” for savings account; “CD” for certificate of deposit; “MM” for money market account. *Do not include IRAs or 401(k)s here.*

Financial Institution	Owner	Market Value	Type of Account
1.			
2.			
3.			
4.			
5.			

**Stocks, Bonds or Investment Accounts.** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. *Do not include IRAs or 401(k)s.*

Stock, Bond or Investment Acct	Owner	Market Value	Type of Plan
1.			
2.			
3.			
4.			
5.			

## INCOME AND ASSET ASSESSMENT (CONT.)

**Retirement Accounts.** To identify type of account, use “P” for pension; “PS” for profit sharing; IRA, Roth IRA, SEP, or 401(k).

Custodial Institution	Owner	Market Value	Type of Plan
1.			
2.			
3.			
4.			
5.			

**Real Estate.**

	Owner	Market Value	Debt
1. Personal Residence			
2.			
3.			
4.			
5.			

**Personal Property.**

Description	Owner	Market Value	Debt
1. Autos			
2. Household Contents			
3.			
4.			
5.			

## INCOME AND ASSET ASSESSMENT (CONT.)

**Life Insurance Policies and Annuities.** List the issuing company. To identify type of contract, use "T" for term insurance, "CV" for insurance policies having a cash value, "A" for annuities.

Insurance Company	Type	Owner	Insured	Cash Value	Death Benefit
1.					
2.					
3.					
4.					
5.					

**Other Property.** List other property that you have that does not fit into any other listed category. This may include an interest in a closely-held business, monies owed to you, etc.

Description	Owner	Market Value
1.		
2.		
3.		
4.		
5.		

## Income

**Income.** List all income received by you and your spouse, together with its source.

Income Source	Monthly Amount	Husband or Wife
1.		
2.		
3.		
4.		
5.		

Is a Medicare part B coverage deducted from your social security benefits?  Yes  No

**Monthly Costs of Nursing Home**

If you are currently paying as a privately as a nursing home resident, please list your current cost of care. Monthly Nursing Home Cost \$ \_\_\_\_\_ Prescription Drug Cost \$ \_\_\_\_\_  
 Other Non-Covered Costs of Care \$ \_\_\_\_\_

**Monthly Shelter Expenses**

Rent/Mortgage	
Real Estate Tax	
Water/Sewer	
Utilities	
Homeowners' Insurance	
Condominium/ Association Fees	
Other	
<b>TOTAL HOUSING EXPENSE</b>	

**Monthly Non-Shelter Living Expenses**

Food	
Medical	
Clothing	
Transportation	
Home Maintenance	
Life Insurance Premium	
Cable TV	
Federal & State Income Tax	
Other	
Other	
<b>TOTAL NON-SHELTER LIVING EXPENSE</b>	

Please list any gifts in excess of \$3,000 made in any one month, to an individual or group of individuals within the past 60 months. Have you ever filed a Federal Gift Tax Return? Yes No

Recipient	Date	Amount

# ABOUT YOUR GOALS & OBJECTIVES

Before we meet, it is important to us to better understand what prompted you to schedule this appointment? Don't focus of the tools to be used but rather on the outcomes to be achieved.

## About Your Goals & Objectives

<u>Goals</u>	<u>Consequence if Goal Isn't Accomplished</u>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

## Additional Documentation

**General Document Request.** In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the Initial Interview the following documentation:

Copies of existing planning documents, including wills, trusts, powers of attorney, health care proxy, living wills, etc.

Copies of all deeds to real estate owned by you.

Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.

Prenuptial Agreement (if applicable).

Long-term care policies (if any).

Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.

### Referral

By whom were you referred to this office? \_\_\_\_\_

### Certification

The undersigned hereby represents to Morton Law Firm, PLLC, and each of its attorneys, that the information contained in this intake form is accurate and complete and that the undersigned understands that the law firm and its individual lawyers will rely on this information in giving me advice. I understand that if the information is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signed \_\_\_\_\_

