



MASSHEALTH/MEDICAID INTAKE



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ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PERSONAL INFORMATION

PERSONAL DATA OF THE PERSON WHO WILL BE RECEIVING MEDICAID BENEFITS, "APPLICANT":

Date: _____ Referred By: _____

Client's Full Legal Name _____
(Name most often used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell phone _____

Facility Name, Address & Telephone Number: _____

Date of Admission: _____ Dates of Medicare coverage: _____

☐ Married ☐ Divorced ☐ Widowed ☐ Single

Name (Spouse) _____ Birth date _____ Date of Marriage _____

Comments _____ Social Security _____ Phone _____

Primary Contact Person:

Name: _____ Relationship: _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell phone _____ Business Telephone _____

Employed _____ Position _____

Business Address _____ City _____ State Zip _____

E-mail Address _____ ☐ It is okay to communicate with me via my E-mail address.

Date of Birth _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

Use full legal name:

Name, Address & Phone	Birth date	Relationship
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_____	_____	_____
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Comments: _____

Name, Address & Phone	Birth date	Relationship
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_____	_____	_____
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Comments: _____

Name, Address & Phone	Birth date	Relationship
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_____	_____	_____
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Please explain the applicant's health and illness, the situation leading to nursing home care and any relevant history behind that (i.e. Mom is 98 years old, has had Dementia for 4 years, had a fall and broke her hip which lead to the necessity for nursing home long-term care as she could no longer be cared for at home.) Please use the back of this page if more space is needed.

IMPORTANT QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Do any of the children live in your home?		
Are any of your children disabled?		
Have you applied for VA Benefits? If yes, when? When did you start receiving benefits?		
Have you filed income tax returns in the last two years? If yes, please provide copies.		
Is anyone a member or has anyone been a member of the military services? If yes, name and what branch.		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs? <i>Describe</i> _____		
Do any of your children receive governmental support or benefits? <i>Describe</i> _____		
Do you provide primary or other major financial support to adult children or others? <i>Describe</i> _____		
Do you have a Will? If yes, please provide a copy.		
Do you have a Revocable or Irrevocable Trust? If yes, please explain.		
Do you have a Durable Power of Attorney? If yes, please provide a copy.		
Do you have a Health Care Proxy? If yes, please provide a copy.		
Do you own cemetery plots? If yes, please provide copies of documentation and value.		
Do you own any burial contracts? If yes, please provide copies.		
Do you have any pre-paid funeral arrangements? If yes, please provide contract.		
Do you have a separate bank account set aside for burial funds? If yes, balance?		
Do you expect your total income (including earned income and money from other sources) to be the same next year? (If you are not sure, answer no to this question.) If no, what do you expect your total income to be next year? \$ _____		
Do you get an Advance Premium Tax Credit (APTC)? If so, do you agree to file a Federal tax return for the year the credits are received?		
Did you receive unemployment income in 2021?		

(Please check "Yes" or "No" for your answer)	Yes	No
Will you file a federal income tax return next year?		
If yes , Will you file jointly with a spouse? If yes, name of spouse: (If married, you must file federal taxes jointly for the year you are requesting benefits.) _____		
If yes , Will you claim any dependents on your income tax return? If yes, list name(s) of dependents: _____		
If no , will someone else claim you as a dependent on his or her tax return? If yes, name of tax filer: _____ How are you related to the tax filer? _____		
Do you have any of the deductible expenses below? If yes, please complete all of the types you have, fill in the deductible amount, and how often you have this expense. - Alimony paid \$ _____ How often? _____ - Student loan interest \$ _____ How often? _____ - Other tax deductions (such as business expenses, IRA contributions, contributions to taxable retirement income, deductible part of self-employment tax, educator expenses, health savings account contributions (deduction), moving expenses, penalty on early withdrawal of savings, self-employment health insurance, self-employment retirement plan, and tuition and other school-related costs) Type: _____ \$ _____ How often? _____ Type: _____ \$ _____ How often? _____ Type: _____ \$ _____ How often? _____		
Did you ever get Supplemental Security Income (SSI)? If yes, when did you last get SSI? (mm/yyyy) _____		
Do you expect your total income (including earned income and money from other sources) to be the same next year? (If you are not sure, answer no to this question.) If no, what do you expect your total income to be next year? (Estimate) \$ _____		
Circle below the selection that best describes you. (Optional): American Indian/Alaska Native (Mashpee Wampanoag), American Indian/Alaska Native (Wampanoag Tribe of Gay Head (Aquinnah)), American Indian/Alaska Native (Other Tribal Nation), Asian Black or African American Hispanic/Latino/Black, Hispanic/Latino/White, Hispanic/Latino/Other Native Hawaiian or other Pacific Islander, White, Other		
Have you or your spouse or a joint owner closed any accounts in the past 60 months, including any accounts you had owned jointly with anyone else?		
Do you or your spouse have a safe deposit box?		
Have you, your spouse, or someone acting on your behalf given a deposit to any health-care or residential facility, like an assisted-living facility, a continuing-care retirement community, or life-care community?		

(Please check "Yes" or "No" for your answer)	Yes	No
Is the applicant's name (and spouse, if applicable) the same on this form as on their social security cards?		
Are you a U.S. Citizen or a U.S. National? If yes, are you a naturalized citizen (not born in the U.S.)?		
Have you or will you receive income during this calendar year as a one-time only payment? If yes : Type_____, Amount_____, Month received_____Year received_____		

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time-share, vacant land, etc.

General Description and/or Address	Owner(s)	Market Value	Loan Balance
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>		_____	_____

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. please list the following: description, how titled, market value and encumbrance:

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below). Do not include IRAs or 401(k)s here

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (Indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total				_____

LIFE INSURANCE POLICES AND ANNUITIES

ADDITIONAL INFORMATION: Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent. Please provide copies of any statements and/ or the first page of the policies (excluding any cover pages).

Total _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information. Please provide any current statements.

Total _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests.

Total _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____

ANTICIPATED INHERITANCE, GIFTS, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances *that you expect to receive* at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. Gifts of \$1,000 or more *that you have given* over the past 60 months, when and to whom. **Describe in appropriate detail.**

Description _____

Total estimated value _____

LONG TERM CARE POLICIES AND HEALTH INSURANCE INFORMATION

Does the applicant have any long term care policies? _____ YES _____ NO
If yes, please provide information.

Does the applicant have health or medical insurance? _____ YES _____ NO
If yes, please provide a copy medical cards.

SUMMARY OF VALUES

ASSETS	Amount		
	Client	Other's	Total Value
Real Property	_____	_____	_____
Furniture and Personal Effects	_____	_____	_____
Automobiles, Boats and RV's	_____	_____	_____
Bank and Savings Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Life Insurance and Annuities	_____	_____	_____
Retirement Plans	_____	_____	_____
Business Interests	_____	_____	_____
Money owed to you	_____	_____	_____
Anticipated Inheritance, Etc.	_____	_____	_____
Other Assets	_____	_____	_____
Total Assets:	_____	_____	_____

MONTHLY INCOME SUMMARY

SOURCE:	AMOUNT:
Social Security	_____
Pension #1	_____
Pension #2	_____
Veterans Benefits	_____
Retirement Benefits	_____
Interest Income	_____
Alimony	_____
Annuity Payments	_____
IRA Payments	_____
Rental Income	_____
Current Wages	_____
Other	_____