



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 _____