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MASSHEALTH QUESTIONNAIRE
(General)

This form is intended to help organize information that we need to best advise and assist with the long-term care MassHealth application. **Please complete this questionnaire to the best of your ability and provide any requested documentation, if available, for our first meeting.**

CONFIDENTIALITY NOTE: As with all attorney-client communications, please note that any information you disclose to us orally, or in writing, will be held with the strictest confidence and not released to anyone without your consent.

General Documentation Request:
In most cases, it is necessary for us to review additional documents before we can assist with recommendations in regard to the long-term care MassHealth Application. Such documents would include any or all of the following documents, as applied to your situation, and should provide to our office for your first meeting:

- ☐ Copy of the applicant's current Will, Health Care Proxy, and Durable Power of Attorney.
- ☐ Copy of the applicant's current Trust(s).
- ☐ Copy of any Trust(s) where you are a beneficiary.
- ☐ Copies of all deeds to real estate the applicant may own. If you are unable to locate the deed(s), please notify our office **before** your first meeting. We are able to obtain most deeds online.
- ☐ Copy of the applicant's income (social security statement, pensions, annuities, Veteran Benefits, rental income, etc.)
- ☐ Copies of the applicant's most recent financial statements showing ownership of bank accounts, investment accounts, retirement accounts, and annuities.
- ☐ Copies of any health insurance cards and most recent insurance premium statements.
- ☐ Copies of title of any cars, trucks, mobile homes, boats, or recreational vehicles.
- ☐ Copies of any long-term care policies, life insurance policies, etc.
- ☐ Copies of any stock or bond certificates.
- ☐ Copies of any pre-paid burials (burial contract, burial trust, burial plot, etc.)
- ☐ Copies of assisted living facility contract.

Questionnaire:
Please fill out the following pages as completely as possible. *If the applicant has a spouse, please complete sections for Applicant and Spouse and provide all requested documentation for both individuals.* If single, please complete sections for Applicant only.

Should you have any questions, concerns, or need help with this questionnaire, please call our office and we will set up a phone call to assist you.

PERSONAL INFORMATION

Date of Marriage: __________________

Applicant:

Full Legal Name: ____

Also known as: ____
(Name(s) used to title accounts, property, maiden name, etc.)

Date of Birth: _________________________

Social Security #: _________________________

US Citizen: Yes No If no, Country of Birth: _________________________________

Health: ____

Address: ____

City: ___________________________ State: _____ Zip-code: ________

Name of Facility: ____
(if applicable)

Home Phone #: ______________________ Personal Cellphone #: ______________________

U.S. Veteran: Yes No Dates of Service: ____________ to _____________

Prior Marriage(s): Yes No Ended in: Divorce Death

Spouse (if applicable):

Full Legal Name: ____

Also known as: ____
(Name(s) used to title accounts, property, maiden name, etc.)

Date of Birth: _________________________

Social Security #: _________________________

US Citizen: Yes No If no, Country of Birth: _________________________________

Health: ____

Address: ____

City: ___________________________ State: _____ Zip-code: ________

Name of Facility: ____
(if applicable)

Home Phone #: ______________________ Personal Cellphone #: ______________________

Spouse continued (if applicable):
U.S. Veteran: Yes No Dates of Service: ____________ to _____________

Prior Marriage(s): Yes No Ended in: Divorce Death

FINANCIAL INFORMATION

Income

Source	Applicant	Spouse
Annual Salary		
Pensions – Total Monthly		
Social Security - Monthly		
Disability – Monthly		
Rental Income – Monthly		
Veteran Benefits – Monthly		
Other:		
Other:		

Financial Advisor:
Company: ____

Advisor Name: ____

Mailing Address: ____

City: ______________________ State: _____ Zip-code: ________

Phone #: ________________________________

Email: ____

Accountant:
Company: ____

Advisor Name: ____

Mailing Address: ____

City: ______________________ State: _____ Zip-code: ________

Phone #: ________________________________

Email: ____

Life Insurance Agent:

Company: ______________________________

Advisor Name: ______________________________

Mailing Address: ______________________________

City: ____________ State: _____ Zip-code: ________

Phone #: ____________________

Email: ______________________________

***We will contact your advisors only with your consent and only if needed to coordinate aspects of the Applicant's and/or Spouse's financial planning.**

Assets

Cash Accounts: Checking Accounts, Savings Accounts, Certificates of Deposits (CDs), Money Market Accounts, Cash Management Accounts, Etc.

Financial Institution (Bank, Credit Unions, etc.)	Account Type	Owners (Applicant, Spouse, or Both, Other)	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Retirement Plans: 401K, Individual Retirement Accounts (IRAs), etc.

Financial Institution (Bank, Credit Unions, etc.)	Account Type	Owners (Applicant, Spouse, or Both, Other)	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Broker Held Investments:

Financial Institution (Bank, Credit Unions, etc.)	Account Type	Owners (Applicant, Spouse, or Both, Other)	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Stocks:

Stock Name	Number of Shares	Owners (Applicant, Spouse, or Both, Other)	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Bonds: Savings Bonds, Treasury Bonds, etc.

Type of Bond	Date Purchased	Number of Bonds	Owners (Applicant, Spouse, or Both, Other)	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

*If you need additional space, please continue on a separate sheet following the same format

Long-Term Care Insurance: Insurance to assist paying for long-term care services

Company Name	Owner of Policy	Individual Insured	Beneficiary	Daily Rate Coverage

*If you need additional space, please continue a separate sheet following the same format

Life Insurance: Term Life, Whole Life, Group Life, Employer-Provided Life Insurance, etc.

Company Name: ______________________________ Owner: ______________ Insured: ______________ Primary Beneficiary: ______________________________ Contingent Beneficiary(ies): ______________________________ Type: ___Whole ____Term Employer Provided: ___Yes ___No	Death Benefit: ______________ Cash Value: ______________
Company Name: ______________________________ Owner: ______________ Insured: ______________ Primary Beneficiary: ______________________________ Contingent Beneficiary(ies): ______________________________ Type: ___Whole ____Term Employer Provided: ___Yes ___No	Death Benefit: ______________ Cash Value: ______________

*If you need additional space, please continue a separate sheet following the same format

Annuities:

Company: ______________________ Owner(s): ______________________ Primary Beneficiary: ______________________ Contingent Beneficiary(ies): ______________________	Estimated Value: ______________ Within IRA: ______________
Company: ______________________ Owner(s): ______________________ Primary Beneficiary: ______________________ Contingent Beneficiary(ies): ______________________	Estimated Value: ______________ Within IRA: ______________

*If you need additional space, please continue on a separate sheet following the same format

Real Estate: Your Residence, Vacation Property, Rental Property, Business Property, Vacant Land, etc.

Property Address: ______________________ County/State: ______________________ Owner(s): ______________________ Year Purchased: ______________ ___ Primary Residence ___ Second Home/Vacation ___ Rental Property ___ Business Property ___ Vacant Land ___ Other:____________	Estimated Value: ______________ Mortgage/Loan(s): ______________
Property Address: ______________________ County/State: ______________________ Owner(s): ______________________ Year Purchased: ______________ ___ Primary Residence ___ Second Home/Vacation ___ Rental Property ___ Business Property ___ Vacant Land ___ Other:____________	Estimated Value: ______________ Mortgage/Loan(s): ______________

*If you need additional space, please continue on a separate sheet following the same format

Motor Vehicles: Car(s), Motorcycle(s), Boat(s), Snowmobile(s), etc.

Owner(s): ______________________________________ Primary Driver: ______________________________________ Type: ______________ Year/Make/Model: ______________________	Estimated Value: ______________ Loan Amount: ______________
Owner(s): ______________________________________ Primary Driver: ______________________________________ Type: ______________ Year/Make/Model: ______________________	Estimated Value: ______________ Loan Amount: ______________

*If you need additional space, please continue on a separate sheet following the same format

Business Interest(s): List any business interest(s) that you own (corporations, LLC, partnerships, etc.)

Company Name: ______________________________________ Owner(s): ______________________________________ Type of Business: ______________________________________ Percent of Ownership: ______ % Is there a buy/sell agreement? ____	Estimated Value: ______________

*If you need additional space, please continue on a separate sheet following the same format

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 for next year? Yes No

For married couples, do you file joint tax returns? Yes No

Does the Applicant and/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 they last get SSI? (month/year) ____________________

HEALTH INSURANCE

Insurance Plans

Applicant	Spouse
Medicare: Yes No Start Date: ______________________________	Medicare: Yes No Start Date: ______________________________
Federal Health Insurance: Yes No Start Date: ______________________________	Federal Health Insurance: Yes No Start Date: ______________________________
Other Insurance*: Yes No Company: ______________________________ Start Date: ______________________________	Other Insurance*: Yes No Company: ______________________________ Start Date: ______________________________
Other Insurance*: Yes No Company: ______________________________ Start Date: ______________________________	Other Insurance*: Yes No Company: ______________________________ Start Date: ______________________________
Medicare Part D Plan: Yes No Start Date: ______________________________	Medicare Part D Plan: Yes No Start Date: ______________________________

**Includes insurance through employer, former employer, and coverage purchased directly.*

MISCELLANEOUS QUESTIONS

In the past 60 months (past 5 years) has the Applicant, Spouse, and/or someone acting on their behalf done the following:

Transfer income or the right to income?	Yes	No
Transfer, change ownership in, give away, and/or sell any assets?	Yes	No
Change the ownership of any real estate (including, but not limited to 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 and/or assets?	Yes	No
Purchase and/or change an annuity?	Yes	No
Transfer assets into and/or our of a trust?	Yes	No

Pre-Paid/Pre-Need Burial:
Does the Applicant and/or Spouse have any of the following:

Burial Contract/Pre-Need Funeral	Yes	No
Burial Trust	Yes	No
Burial Plot	Yes	No
Burial Bank Account	Yes	No
Life Insurance for Burial	Yes	No

Assisted Living:
Has a deposit been given to an assisted living facility? Yes No

If yes: Name of Facility: ___________________________________

Address: ____

Date of Deposit: ____________________

Amount of Deposit: ____________________

Additional MassHealth Application Questions:

Who will be signing the application? ____
(If someone is acting on behalf of the Applicant (i.e. Power of Attorney, Conservator, etc.), please provide a copy of the document.)

Date for which benefits are being sought? __________________________