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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, prior to 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 prior to 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

<u>Income</u>		
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: _____	Estimated Value: _____
Owner(s): _____	_____
Primary Beneficiary: _____	Within IRA: _____
Contingent Beneficiary(ies): _____	_____
Company: _____	Estimated Value: _____
Owner(s): _____	_____
Primary Beneficiary: _____	Within IRA: _____
Contingent Beneficiary(ies): _____	_____

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

*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): _____	Estimated Value: _____
Primary Driver: _____	Loan Amount: _____
Type: _____ Year/Make/Model: _____	_____

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

*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: _____	Estimated Value: _____
Owner(s): _____	_____
Type of Business: _____	
Percent of Ownership: _____ % Is there a buy/sell agreement? _____	

*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	Medicare:	Yes	No
Start Date: _____			Start Date: _____		
Federal Health Insurance:	Yes	No	Federal Health Insurance:	Yes	No
Start Date: _____			Start Date: _____		
Other Insurance*:	Yes	No	Other Insurance*:	Yes	No
Company: _____			Company: _____		
Start Date: _____			Start Date: _____		
Other Insurance*:	Yes	No	Other Insurance*:	Yes	No
Company: _____			Company: _____		
Start Date: _____			Start Date: _____		
Medicare Part D Plan:	Yes	No	Medicare Part D Plan:	Yes	No
Start Date: _____			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 out 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? _____