



SECTION 1: APPLICANT INFORMATION

Personal Details

First Name * Middle Last Name *
Date of Birth * SSN * Gender
Male | Female | Other

Contact Information

Phone * Email

Current Home Address

Street Address *
City * State ZIP *
Years in Florida

Additional Information

Citizenship
U.S. Citizen | Permanent Resident | Other
Is the applicant a veteran? ☐ Spouse of a veteran? ☐
Branch of Armed Forces Dates Served

SECTION 2: MARITAL STATUS

Marital Status *
Single/Never Married | Married | Widowed | Divorced

Marriage Information

Date of Marriage

Spouse Information

Spouse First Name Middle
Spouse Last Name Maiden Name
Spouse DOB Spouse SSN
Spouse Phone Spouse Email

Spouse Residence

Spouse in nursing facility/LTC? ☐

Same address as applicant? ☐

If different address, complete below:



Spouse Street Address

City State ZIP

SECTION 3: CHILDREN & DEPENDENTS

List all children. Attach additional sheet if needed.

Full Name	DOB	Relationship	Phone	Minor?	Disabled?	Lived w/ Appl?	Care 2+ yrs?

SECTION 4: CURRENT CARE SITUATION

Current Location

Where is applicant? *
At Home | Hospital | Nursing Home/SNF | Assisted Living | Memory Care | Rehab...

Expected Length of Stay
Short-term <30 days | Long-term 30+ days | Permanent | Unknown

Facility Information

Facility Name Phone

Facility Address

Date of Admission

Cost of Care

Daily Cost \$ Monthly Cost \$ Amount Owed \$

Bill Covers Through

How is care being paid?
Private Pay | LTC Insurance | Medicare | Medicaid | VA Benefits | Combination...

Medical Information

Primary Diagnosis / Reason for Care:

Other Medical Conditions:

SECTION 5: LEGAL REPRESENTATIVES

Capacity

Does applicant have capacity for legal/financial decisions?

Yes | No

Power of Attorney

Does applicant have a POA? *

Yes | No

If Yes, complete below:

Agent Name *

Relationship *

Agent Phone *

Agent Email

Date POA Signed

State Signed

Healthcare POA / Surrogate

Healthcare Surrogate or Proxy?

Healthcare Surrogate | Healthcare Proxy | None

Healthcare Agent/Surrogate Name

Healthcare Agent/Surrogate Phone

Court-Appointed Guardian

Does applicant have a Guardian?

Yes | No

If Yes, complete below:

Guardian Name

Phone

Date Appointed

County

State

SECTION 6: ASSETS

A. Bank Accounts (A=Applicant, S=Spouse, J=Joint)

Type	Bank Name	Last 4 Acct#	Owner	Balance \$



B. Investment Accounts

Type	Institution	Owner	Value \$

C. Retirement Accounts

Type	Institution	Owner	Value \$	Distrib?	Mo. Amt \$

D. Real Estate

Type	Address	Value \$	Mortgage \$	Homestead?

Intent to Return Home?

Yes | No

E. Vehicles

Type	Year	Make	Model	Value \$	Loan \$	Primary?

F. Life Insurance

Type	Company	Owner	Face Value \$	Cash Value \$	Beneficiary

G. Other Assets

Type	Description	Owner	Value \$

SECTION 7: INCOME & MEDICAL INSURANCE



Income Sources

Person	Income Type	Source/Payer	Gross Mo. Amt \$	Notes

Medical Insurance

Person	Insurance Type	Company	Policy #	Mo. Premium \$

For LTC Insurance: note monthly benefit amount and whether a claim has been filed.

SECTION 8: DEBTS & LIABILITIES

Whose?	Type of Debt	Creditor	Balance \$	Mo. Payment \$	Notes

SECTION 9: TRANSFER HISTORY (5-YEAR LOOKBACK)

List ALL gifts, transfers, or sales below fair market value in the past 5 years.

Who?	Type	Year	Description	FMV \$	Received \$	Recipient

Additional Transfer Questions

Paid caregivers in past few years?

Yes | No

If Yes, were they paid in cash? Describe below:



Caregiver payment details:

Unexplained checks/deposits?

Yes | No

If Yes, describe:

SECTION 10: COMMUNITY SPOUSE INFORMATION

Complete this section for the spouse who remains in the community.

Shelter Expenses

Owens Home or Rents?

Owens Home | Rents

If Owns:

Mortgage Payment \$/mo

Real Estate Taxes \$/mo

If Rents:

Rent \$/mo

Homeowners/Renters Insurance \$/mo

HOA / Condo Fees \$/mo

Utilities

FL Utility Allowance — check one:

Standard Utility Allowance

☐

No Utilities Claimed (\$0)

☐

Additional Notes About Community Spouse Situation:

SECTION 11: PREPAID FUNERAL & BURIAL

Prepaid Funeral Contract

Has prepaid funeral contract?

Yes | No

If Yes:

Funeral Home Name

Contract Value \$

Date Established

Is contract IRREVOCABLE?

Yes | No



Burial Plot

Owns burial plot/cemetery space?

Yes | No

If Yes:

Cemetery / Location

Value \$

SECTION 12: ADDITIONAL INFORMATION

Pending Legal Matters

Pending lawsuit or legal claim?

Yes | No

If Yes, describe:

Potential settlement value \$

Attorney Name

Expecting an inheritance?

Yes | No

Expected Amount \$

From Whom

Tax Information

Filed federal taxes past 3 years?

Yes | No

If No, explain:

Owes back taxes?

Yes | No

Amount \$

Tax Years

Expected Changes

Check all that apply:

Income change ☐

Asset change ☐

Living situation ☐

Marital status ☐

Describe expected changes:

Previous Medicaid Applications

Applied for Medicaid before?

Yes | No

Date of Application

Result

Approved | Denied | Withdrawn | Still Pending



Notes about previous application:

Documents to Gather

Check each document as gathered:

- ☐ Photo ID (applicant & spouse)
- ☐ Social Security cards
- ☐ Birth certificates / proof of citizenship
- ☐ Marriage certificate
- ☐ Proof of all income (SS, pension, etc.)
- ☐ Bank statements — all accounts, 60 months
- ☐ Investment/retirement statements — 60 months
- ☐ Life insurance policies
- ☐ Property deeds & mortgage statements
- ☐ Vehicle titles & registration
- ☐ Trust documents (if any)
- ☐ Power of Attorney documents
- ☐ Medical records & diagnoses
- ☐ Nursing home admission agreement
- ☐ Tax returns — last 3 years

Additional Notes:

How did you hear about us?

Google Search | Elder Law Attorney | Nursing Home | Hospital Social Worker | ...

Important: The results of your Medicaid In-a-Minute Eligibility Assessment are only as accurate as the information you provide. Incomplete or inaccurate entries will affect the reliability of your results. This assessment is an informational tool provided by Senior Care Resources LLC and does not constitute legal advice. Senior Care Resources LLC is not a law firm and does not provide legal representation or legal counsel. Legal advice regarding Medicaid Assistance eligibility, asset protection, and estate planning is provided exclusively through Zacharia Brown & Bratkovich, a licensed law firm with over 30 years of experience in Medicaid and Elder law and with offices in Florida and Pennsylvania. Every family's situation is unique. This assessment is designed to identify potential issues and opportunities — not to replace the guidance of a qualified elder law attorney. Do not make financial or legal decisions based solely on your assessment results without first consulting with an attorney.

Send Your Intake Assessment to:



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