

**RAINEY & RAINEY, LLP
MEDICAID INFORMATION**

Date _____

Full Name of Applicant _____

Address of Applicant _____

Daytime Telephone Number _____

Date of Birth _____

Sex _____ Race _____

Nursing Home admitted into (if applicable) _____

Social Security Number: _____

MARITAL STATUS

Current Status _____

If Married, Name of Spouse _____

If Applicable, Names of Former or Deceased Spouses _____

How did you locate our offices? (Please check each that applies)

Previously used our services _____ Advertising _____

Referred by another client _____ General reputation _____

Referred by another professional _____ Walk-in _____

Other _____



Medicaid Checklist

Rec'vd	
	All Checking/Savings Account Statements (last 3 months)
	Power of Attorney (copy)
	Miller Trusts (if any)
	Statements on Certificate of Deposit/Money Market/IRA's for last 3 months
	Closed Accounts within the last 36 months
	Safe Deposit Box (Location, Contents, Amount)
	Patient Trust Funds
	Life Insurance Policies
	Burial Plots
	Preneed Funeral Contracts
	Automobiles (Copy of Title, make model, year, mileage)
	Oil/Gas/Mineral Surface Rights
	Transferred money, land, etc last 36 months
	Income (Copy from Social Security, Civil Service, Retirement)
	Health Insurance Card
	Any unpaid medical bills
	Reimbursable medical bills