

**RAINEY & RAINEY, ATTORNEYS AT LAW L.P.
MEDICAID AND LONG TERM CARE PLANNING**

Today's Date _____

Full Name of Person Needing Long Term Care _____		
Full Name of Spouse (If Applicable) _____		
Street Address _____		
City _____	State _____	Zip _____
Cell _____	Home Number _____	
Date of Birth _____		Marital Status _____
Driver's License # _____		Social Security # _____
Nursing Home (if applicable) _____		
Date Admitted to Nursing Home (if applicable) _____		
Veteran or Spouse of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of Service _____		
Have a power of attorney? <input type="checkbox"/> Yes (Agent _____) <input type="checkbox"/> No		

CONTACT PERSON

Full Name of Contact Person _____
Full Address _____
Cell Phone _____ Secondary Phone _____
E-mail _____

HOW DID YOU LOCATE OUR OFFICES? (Please check each that applies and let us know who referred you to our firm. We like to thank those who recommend us.)

- Previously used our services: _____
- Referred by another client: _____
- Referred by a professional: _____
- General Reputation Website Internet Advertising
- Yellow Pages Waco Today Other: _____



SPOUSE OF PERSON NEEDING ASSISTANCE (IF APPLICABLE)

Name of Spouse _____

Spouse's Phone Cell _____ Office _____ Home _____

Spouse's Date of Birth _____

Spouse's Social Security # _____

PREVIOUS MARRIAGES OF BOTH SPOUSES (IF APPLICABLE)

Husband or Single Man

Names of Former Spouses _____

Manner in Which Previous Marriages Ended: Divorce Death

Dates Previous Marriages Ended _____

If a Spouse Has Predeceased You, Was the Spouse's Estate Handled By:

Probate Administration Affidavit of Heirship Unknown

Wife or Single Woman

Names of Former Spouses _____

Manner in Which Previous Marriages Ended: Divorce Death

Dates Previous Marriages Ended _____

If a Spouse Has Predeceased You, Was the Spouse's Estate Handled By:

Probate Administration Affidavit of Heirship Unknown

CHILDREN OF PERSON NEEDING ASSISTANCE: How many _____

Full Name _____

Full Street Address _____

Phone _____ Date of Birth _____

Check One: Natural Adopted Step Child Disabled? Yes No

Full Name _____

Full Street Address _____

Phone _____ Date of Birth _____

Check One: Natural Adopted Step Child Disabled? Yes No

Full Name _____

Full Street Address _____

Phone _____ Date of Birth _____

Check One: Natural Adopted Step Child Disabled? Yes No

Full Name _____

Full Street Address _____

Phone _____ Date of Birth _____

Check One: Natural Adopted Step Child Disabled? Yes No

List additional children on separate piece of paper and attached hereto if needed

Does person needing assistance have any Children who are Deceased? Yes No

Name and Date of Death _____

Is the Deceased Child Survived by Children? Yes No

If so please list names and addresses _____

Do you have a Will? Yes _____ No _____

Do you have a Durable Power of Attorney? Yes _____ No _____

Do you have a Living Trust? Yes _____ No _____

Do you have a Medical Power of Attorney? Yes _____ No _____

Do you have a Living Will Yes _____ No _____

Do you have any other Estate Planning? Yes _____ No _____

What is the estimated value of your estate \$ _____

Are there any family members likely to contest you estate planning or benefits planning?

Please bring to the appointment a copy of the most recent statement for each financial/
bank account

Please bring documents showing gross income to the appointment

Please bring a copy of your estate planning documents.