

Medicaid Assistants APPLICANT INTAKE FORM

Today's Date: [Date]				Medicaid Analyst:			
APPLICANT INFORMATION							
Applicant's last name:		First:	Middle:	Marital status:			
Pre-Admission Screening Complete?	If yes, date of completion:		Maiden name:	Birth date:	Age:	Sex: M	
Yes No				[Birthday]	[Age]	F	
Address: [Address/ P.O Box, City, ST ZIP Code]							
Social Security no.:		Home phone no.:		Cell phone no.:			
[SS#]		[Phone]		[Phone]			
Cost of Housing:		Previous Addresses within last 5 years:		Tentative date of eligibility:			
Applying for Assisted Living or Nursing Home Care?		Assisted Living Home Care		Name of Facility:			
		Nursing Home					
Other information necessary for application, i.e. city and state of birth, mother's maiden name, etc.:							
CONTACT INFORMATION							
(Person who we will be directly dealing with.)							
Name:		Relationship:	Address (if necessary):			Home phone no.:	
			[Address]			[Phone]	
Live close to applicant?		Yes No		Email Address:			
						Cell phone no.:	
						[Phone]	
INCOME/ASSETS							
Please list all sources of income and their approximate monthly amounts:							
Income:		Name of Recipient:		Amount:		Account Number:	
Please list all bank accounts or trust funds used within the last 5 years (if applicable) and their current amounts:							
Bank:		Account Number:		Current Value:		If closed, date of closing:	

Assets owned: Real Estate Vehicle Both Other Specify nature and value:

If sold, date of sale:

INSURANCE/BURIAL ARRANGEMENTS

List all insurance policies and/or burial arrangements or trusts currently in place and their approximate values:

Institution:	Type of Account:	Face Value (Insurance):	Cash Value (Insurance & Burial):

Signature

Date