

Contact Person \_\_\_\_\_ Contact Phone # \_\_\_\_\_

### Title 19 Intake sheet

**Name of Applicant** \_\_\_\_\_ Maiden name (if any) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security number \_\_\_\_\_

Place of birth \_\_\_\_\_

Home Address \_\_\_\_\_

If in Nursing Home, name of home \_\_\_\_\_

Date of Admission to Nursing Home or Hospital if went to a nursing home prior \_\_\_\_\_

#### **Spouse's Information ( If applicable)**

Spouse's Name \_\_\_\_\_ Maiden name (if any) \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_ If widowed, date of death of spouse \_\_\_\_\_

Social Security number \_\_\_\_\_ Are any of your children disabled \_\_\_\_\_

Address of Spouse \_\_\_\_\_

Do you have any children residing at home with you \_\_\_\_\_

If so, how long has the child lived with you \_\_\_\_\_

#### **Medical insurance Information**

Do you receive Medicare Part A? If so , list your premium amount \_\_\_\_\_

Do you receive Medicare Part B? If so, premium amount \_\_\_\_\_

Do you receive Medicare Part D or have a Medicare Advantage plan? If so, list premium? \_\_\_\_\_

#### **Income (List amounts and frequency)**

What sources of Income do you and your spouse have? \_\_\_\_\_

Social Security? If so list amounts for both spouses? \_\_\_\_\_

Pension? If so, list amounts for both spouses? \_\_\_\_\_

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List any other sources of income (amount and how frequency)

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### **Assets**

We need a list of all of your assets

	List amount	Bank Account No	Owner
Cash on Hand			
Checking			
Savings			
CDs			
Money markets			
IRAs or 401Ks			
Stocks			
Annuity			

### **Automobiles**

Do you or your spouse own a vehicle? If so, list the type, value and amount of any car loan? \_\_\_\_\_

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**Life Insurance**

Do you have any life insurance? If so is it a term policy or does it have a cash value?

List all insurance

Policies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Real Property**

Do you own a home or any other real estate? If so, list the address, value and amount of any mortgage

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you own a home**

What is the amount of the yearly property taxes? \_\_\_\_\_

What is the cost of your homeowner's insurance? \_\_\_\_\_

Is either spouse a veteran? \_\_\_\_\_

Have you given away any of your assets to your children or others in the last five years? \_\_\_\_\_

Do any of your children or family have power of attorney for you? \_\_\_\_\_

Do you have long term care insurance? \_\_\_\_\_

Do you have a prepaid funeral contract? \_\_\_\_\_