



Kara H. Daley
Attorney at Law

THE CHERRY TREE
LAW FIRM

(541) 738-2445
cherrytree.law

1717 NW Grant Avenue, Corvallis, Oregon 97330

MEDICAID PLANNING INTAKE FORM

Please take a few minutes to fill this form out as best as you can prior to your appointment.

If you are not the person for whom the appointment is regarding, please provide your info:

Name: _____ Phone Number: _____

Relationship to the person for whom this appointment is regarding: _____

Please fill out the remainder of this form with information about person(s) seeking Medicaid Planning and bring this form plus the following documents with you to your appointment:

- Most Recent Bank Statements,
- Health Insurance Statements,
- Paperwork indicating the gross amount of your Social Security and any other income, and
- Copies of Estate Planning documents: Wills, Trusts, Powers of attorney.

PERSONAL INFORMATION

Medicaid Planning Recipient(s)

Recipient's Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Phone Number: _____ Employer: _____

Retirement Date: _____ Veteran: Yes No

Current Health Condition: _____

Reason for seeking Medicaid Planning: _____



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Spouse's Name: _____

Spouse's Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Phone Number: _____ Employer: _____

Retirement Date: _____ Veteran: Yes No

Current Health Condition: _____

FAMILY INFORMATION

Children:

Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Spouse's Name: _____

Number of Children: _____ Ages: _____

Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Spouse's Name: _____

Number of Children: _____ Ages: _____

Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Spouse's Name: _____

Number of Children: _____ Ages: _____



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Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Spouse's Name: _____

Number of Children: _____ Ages: _____

Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Spouse's Name: _____

Number of Children: _____ Ages: _____

Do you or you spouse have any children by previous marriages? Yes No

If yes, please list:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Spouse's Name: _____

Number of Children: _____ Ages: _____

Parents: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Spouse's Name: _____

Number of Children: _____ Ages: _____

Parents: _____



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Do you or your spouse have children who have died leaving grandchildren?

Yes No

Grandchild's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Spouse's Name: _____

Number of Children: _____ Ages: _____

Parents: _____

Grandchild's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Spouse's Name: _____

Number of Children: _____ Ages: _____

Parents: _____

Does anyone to whom you are leaving part of your estate require any help or protection in managing money or other property?

Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reason for needing assistance: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Reason for needing assistance: _____



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Are any of your children disabled?

Yes

No

If yes, please state their name and disability.

INSURANCE

Participant's Health Insurance:

Medicare: _____

Insurance from Employer

Company: _____

Policy Number: _____

Medicare Supplement

Company: _____

Policy Number: _____

Long-Term Care Insurance

Company: _____

Policy Number: _____

Other

Company: _____

Policy Number: _____

Spouse's Health Insurance:

Medicare: _____

Insurance from Employer

Company: _____

Policy Number: _____

Medicare Supplement

Company: _____

Policy Number: _____

Long-Term Care Insurance

Company: _____

Policy Number: _____

Other

Company: _____

Policy Number: _____



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Participant's Life Insurance:

Company: _____

Policy Number: _____

Face Value: \$ _____

Cash Value: \$ _____

Yearly Cost: \$ _____

Beneficiary: _____

Spouse's Life Insurance:

Company: _____

Policy Number: _____

Face Value: \$ _____

Cash Value: \$ _____

Yearly Cost: \$ _____

Beneficiary: _____

Other Life Insurance:

Company: _____

Policy Number: _____

Face Value: \$ _____

Cash Value: \$ _____

Yearly Cost: \$ _____

Beneficiary: _____

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INCOME

Participant's Monthly Income: (Gross)

Social Security: \$ _____
 Employment: \$ _____
 Pension: \$ _____
 IRA, Annuity, etc.: \$ _____
 Other: \$ _____
TOTAL: \$ _____

Spouse's Monthly Income: (Gross)

Social Security: \$ _____
 Employment: \$ _____
 Pension: \$ _____
 IRA, Annuity, etc.: \$ _____
 Other: \$ _____
TOTAL: \$ _____

Do you have any other sources of income with will provide benefits for a surviving spouse?

Yes No

If yes, please list them.

_____ : \$ _____
 _____ : \$ _____
 _____ : \$ _____
 _____ : \$ _____
 _____ : \$ _____

PROPERTY/ASSETS

Do you or your spouse have any interest in any business?

Yes No

If yes, please describe.

Name: _____ Amount: \$ _____
 Name: _____ Amount: \$ _____
 Name: _____ Amount: \$ _____

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Please list any assets such as bank accounts, CDs brokerage accounts, stocks, or corporate or U.S. bonds.

Description: _____

Location: _____

Value: \$ _____ Account Number: _____

Name it is in: _____

Description: _____

Location: _____

Value: \$ _____ Account Number: _____

Name it is in: _____

Description: _____

Location: _____

Value: \$ _____ Account Number: _____

Name it is in: _____

Please list any real estate which you own or are purchasing.

Description: _____

Location: _____

City: _____ State: _____ Zip Code: _____

Value Mortgage: \$ _____ Purchase Price: \$ _____

Name it is in: _____

Other property with Designated beneficiaries. Do you have IRA's, vested pension plan, annuity, or other assets that would pass on your death to a particular beneficiary that you have designated? Yes No

Description : _____

Value: \$ _____ Beneficiary: _____



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Description : _____

Value: \$ _____ Beneficiary: _____

Description : _____

Value: \$ _____ Beneficiary: _____

Do you or your spouse expect an inheritance? Yes No

If yes, please explain:

Description: _____

Amount: \$ _____ From: _____

EXPENSES

Mortgages, Loans, Debts, and Monthly Expenses *(Please list due date, if known)*

Rent

Balance Due:\$ _____ Monthly Payment: \$ _____ Date Due: _____

Phone

Balance Due:\$ _____ Monthly Payment: \$ _____ Date Due: _____

Water/Sewer

Balance Due:\$ _____ Monthly Payment: \$ _____ Date Due: _____

Garbage

Balance Due:\$ _____ Monthly Payment: \$ _____ Date Due: _____

Cable

Balance Due:\$ _____ Monthly Payment: \$ _____ Date Due: _____



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Internet

Balance Due:\$ _____ Monthly Payment: \$ _____ Date Due: _____

Credit Card(s)

Balance Due:\$ _____ Monthly Payment: \$ _____ Date Due: _____

Balance Due:\$ _____ Monthly Payment: \$ _____ Date Due: _____

Balance Due:\$ _____ Monthly Payment: \$ _____ Date Due: _____

LEGAL DOCUMENTS

If you are unable to bring your papers with you please fill this section out.

Participant's Documents:

Will/Trust

Date Made: _____ Location: _____

Durable Power of Attorney

Date Made: _____ Location: _____

Living Will/ Health Care Power of Attorney

Date Made: _____ Location: _____

Spouses's Documents:

Will/Trust

Date Made: _____ Location: _____

Durable Power of Attorney

Date Made: _____ Location: _____

Living Will/ Health Care Power of Attorney

Date Made: _____ Location: _____

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MISCELLANEOUS

Do you have any financial obligations arising from the dissolution of a marriage or support actions? Yes No

If yes, please explain.

Are you a legally appointed guardian or do you have a legally appointed guardian? Yes No

If yes, please explain.

Have you been appointed under a Power of Attorney not held by your spouse? Yes No

If yes, please explain.

Do you currently serve as an executor or administrator of an estate? Yes No

If yes, please explain.

Are you involved in a lawsuit? Yes No

If yes, please explain.



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Have you lived in a community property state(Arizona, California, Idaho, Las Vegas, New Mexico, Texas, or Washington?) Yes No

If yes, please list.

Is there any member of your family that you love but do not trust? Yes No

If yes, list and explain.

Have you been told you need an income cap trust? Yes No

If yes, who would be a good person to act as trustee?: _____

Other comments or concerns: _____

Thank you for taking the time to complete this form.