

TURNING POINT LEGAL, PC

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ASSET PROTECTION QUESTIONNAIRE

Date _____

1. PERSONAL INFORMATION

A. CONTACT PERSON

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Business Phone No. _____

E-mail Address _____ Fax No. _____

Relationship to Applicant _____

Contact Person's Relationship to applicant:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Agent under a Power of Attorney | <input type="checkbox"/> Conservator |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Other _____ |

B. APPLICANT

Name _____

Date of Birth _____ Social Security No. _____

Place of Birth _____

Veteran Status _____

Marital Status _____ Maiden Name _____

Spouse's Name _____

Spouse's Date of Birth _____ Spouse's Social Security No. _____

Spouse's Veteran Status _____

Date and Place of Marriage _____ Date and Place of Divorce _____

Date and Place of Death _____

Helping Clients with these *Turning Points* in Life:

| Elder Law | Asset Protection | Medicaid & Nursing Home Placement | Medicaid Application | Estate Planning | Wills & Trusts |
| Estate & Trust Administration | Guardianship & Conservatorship | Family Law | Probate | Real Estate | Deeds & Closings | Business Law |

2. FACILITY INFORMATION

Where is the Applicant Residing?

- | | |
|--|---|
| <input type="checkbox"/> At home with a relative/ in-home care | <input type="checkbox"/> At relative's home |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Assisted Living Facility |
| <input type="checkbox"/> Other _____ | |

Name _____

City _____ State _____ Zip _____

Phone No. _____ Fax Phone No. _____

What is the date of admission? _____

Reason for admission _____

When? _____

Residency (prior to nursing home placement):

Street Address _____

City _____ State _____ Zip _____

Who is/was the owner of the residence? _____

Has the residence been transferred or changed names in the last 5 years? YES
 NO

If yes, to/from whom? _____

Date of transfer _____ Amount paid/received _____

3. MONTHLY SHELTER EXPENSES (if married)

(Please divide annual expenses by 12 and quarterly expenses by 4)

Rent/Mortgage \$ _____

Real Estate Taxes \$ _____

Water \$ _____

Sewer \$ _____

Utilities (Heat, Electric & Telephone) (1/12th of last 12 months) \$ _____

Homeowner's Insurance Premium \$ _____

Condominium Fees \$ _____

Total Monthly Housing Expenses \$ _____

4. INCOME

Please be sure to include all sources of income, including Social Security (SSA, SSI or SSDI), Veteran's or Military Retirement Benefits, Pensions, Annuity Payments, RMDs from IRAs or 401Ks, etc.

SOURCE	RECEIVED BY	GROSS AMOUNT	NET AMOUNT	FREQUENCY

5. ASSET TRANSFERS

Has the applicant sold, given away, or transferred any assets or closed any accounts in the last 5 years? If so, please list. *This includes but is not limited to any cash gifts (over \$200), vehicle transfers, life estates, property sales or transfers, and personal property valued at over \$200.*

DESCRIPTION	PERSON TO WHOM IT WAS SOLD OR GIVEN	DATE	AMOUNT RECEIVED OR GIVEN

6. MEDICAL INSURANCE

COMPANY	POLICY TYPE	INSURED	PAYMENT AND FREQUENCY OF PMT

7. RESOURCES/ASSETS Please list any account with the applicant's name on it, including but not limited to any bank accounts, brokerage accounts, vehicles, savings bonds, CDs, IRAs, Trusts, stocks, bonds, annuities, or property, including any property where the applicant holds a life estate in the property.

COMPANY NAME/ PROPERTY ADDRESS	ACCOUNT TYPE	BALANCE/ VALUE	OWNER(S)	PAYMENTS OR DISTRIBUTIONS RECEIVED

8. LIFE INSURANCE

COMPANY NAME (include address and policy #)	TYPE	DEATH BENEFIT VALUE	FACE VALUE	CASH VALUE	INSURED	OWNER	BENEFICIARY

(Include the cash value of the life insurance)

It is very important to know the cash value and the death benefit of your life insurance policy. To obtain the cash value of the policy, please call your insurance agent, or call the insurance company directly.

9. ADDITIONAL INFORMATION

REFERRAL

By Whom Were You Referred To This Office?

_____ Name

10. CERTIFICATION

The undersigned hereby represents to Turning Point Legal, P.C., and/or its employees that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Date Signature

Date Signature

**PLEASE GATHER THE FOLLOWING DOCUMENTS AND
BRING TO YOUR INITIAL CONSULTATION**

You are not required to provide all documents at your initial appointment. Bring what you can and are able to locate. You may bring in originals, and we will make copies for you. If you have any questions, please call so we may assist you.

1. Copies of License, I.D. Cards, Medicare, and Social Security cards.
2. Copies of Health Insurance cards, including Part D.
3. Social Security Award letter.
4. Any Veterans Affairs Information.
5. Verification of the gross (before anything is taken out) amount of Social Security, Veterans Administration, Railroad Retirement, Civil Service checks, private pension checks, rental income and annuities. (Verification should include claim and/or identification numbers.)
6. Copies of bank statements (all accounts) going back five years. First of month account balances that exceed \$2,000 may require copies of cancelled/ imaged checks.
7. Verification of CDs, IRAs, and Savings Bonds.
8. Verification of stocks, bonds, and mutual funds.
9. Copies of deeds to property currently owned. (This includes heir property, life estate, etc.) Also, purchase and sale deeds to property which has been sold or transferred within the past five (5) years.
10. Copies of trusts, mortgages, loans, and promissory notes.
11. Copies of all insurance policies, including: Life, burial, funeral, vault, casket, cash, term and/or group.
12. Long Term Care policies.
13. Health, hospital, and/or cancer policies. (A copy of the card or premium notice and copy of payment method is needed.)
14. Copies of pre-need/prearranged burial contracts, including an itemized list of charges.
15. Copy of power of attorney, guardianship papers, trusts, and/or Last Will and Testament.
16. Death Certificates of deceased spouses.

MEDICAID TIPS

If you may need nursing home care in the next five years and will need Medicaid to pay for the nursing home care, consider the following:

- Avoid commingling funds (other than with your spouse) in your checking account as such monies could be budgeted as income and a be countable resource.
- Avoid making large cash withdrawals from your checking account. Proving large withdrawals were not transfers or gifts could be difficult resulting in a period of ineligibility.
- Keep detailed records dating back five years as Medicaid may require such when applying.
- Avoid allowing your children to sign checks for “cash”, even if your child is on your account.
- Avoid writing checks to family members, even if the family member is being reimbursed for items he or she purchased or paid for your benefit. It is better to write the check directly to the store or proper payee.
- Keep all records and carefully document the sale (and value at the time of sale) of all assets sold.
- Avoid paying sitters in cash. It is best to have a Personal Service Agreement with all sitters regarding the duties performed and consideration paid.
- Update your Durable Power of Attorney.
- Update your Will

If you have any questions, please contact us:

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