

# MEDICAID ASSET PROTECTION WORKSHEET



Free Personal Analysis to Discover Asset Protection and VA/Medicaid Benefits You May be Eligible For  
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**How did you hear about us** Web Downloaded Form Date: \_\_\_\_\_  
 Name \_\_\_\_\_ DOB \_\_\_\_\_ Spouse (if applicable) \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_

**Veteran**  No  Yes **Who**  You  Spouse Please Yes please complete reverse side.

**Current Information**  
**You**  Yes  No **Spouse**  NA  
 Trust Planning  Yes  No  Yes  No  Revocable  Irrevocable Date: \_\_\_\_\_  
 Long-Term Care Insurance  Yes  No  Yes  No Daily Benefit: \$ \_\_\_\_\_ Term: \_\_\_\_\_ (yrs)  
 In a Nursing Home?  Yes  No  Yes  No Mo. Cost: \$ \_\_\_\_\_ Unpaid Balance: \_\_\_\_\_

**Your Health**  
**You** - Current Health  Good  Concern  Problem (Details) \_\_\_\_\_  
**Spouse** - Current Health  Good  Concern  Problem (Details) \_\_\_\_\_

Have You Given Away Any Assets in The Last 60 Months?  No  Yes Total \$ \_\_\_\_\_ Date \_\_\_\_\_

**You**  Yes How Many? \_\_\_\_\_  No **Spouse**  NA  Same  
 Do You Have Children:  Yes How Many? \_\_\_\_\_  No  Yes How Many? \_\_\_\_\_  No  
 Do Any Live With You:  Yes How Many? \_\_\_\_\_  No  Yes  No  
 Any Children Disabled:  Yes  No  Yes  No

MONTHLY INCOME – (Pension, Soc. Sec, Etc.)	YOU \$ _____	SPOUSE \$ _____	TOTAL \$ _____
ASSETS (CURRENT VALUE)	YOU OR JOINT NAME	IN SPOUSE NAME	TOTAL
Cash, Checking, Savings, CD's, Money Market, etc.	\$ _____	\$ _____	\$ _____
Brokerage Accounts/Stocks, etc.	\$ _____	\$ _____	\$ _____
"Qualified" (IRA, 401K, etc.) Accounts	\$ _____	\$ _____	\$ _____
Life Insurance			
Cash Surrender Value	\$ _____	\$ _____	\$ _____
Death Benefit	\$ _____	\$ _____	\$ _____
Annuities (Current Value)	\$ _____	\$ _____	\$ _____
Home (Fair Market Value)	\$ _____	\$ _____	\$ _____
Other Assets _____	\$ _____	\$ _____	\$ _____
<b>Total Assets</b>	\$ _____	\$ _____	\$ _____
LIABILITIES/DEBTS	YOU OR JOINT	SPOUSE	TOTAL
Total Mortgage(s)/Other Debts & Liabilities	\$ _____	\$ _____	\$ _____
MONTHLY LIVING EXPENSES	YOU OR JOINT	SPOUSE	TOTAL
How much you spend each month to live	\$ _____	\$ _____	\$ _____
How much you spend each month on medical needs	\$ _____	\$ _____	\$ _____

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