

STEPHANIE L. SCHNEIDER, P.A.
PERSONAL INJURY SETTLEMENT AND MEDICAID PLANNING QUESTIONNAIRE
(SINGLE)

INSTRUCTIONS:

(A) PLEASE COMPLETE THE QUESTIONNAIRE COMPLETELY TO THE BEST OF YOUR ABILITY. YOU MAY CALL OUR OFFICE FOR ASSISTANCE.

(B) YOUR ACCURACY AND COMPLETENESS IN RESPONDING WILL HELP US TO BEST ADVISE AND REPRESENT YOU. PLEASE COMPLETE ALL PARTS OF THE QUESTIONNAIRE OR WE WILL BE UNABLE TO MEET WITH YOU.

I. GENERAL INFORMATION

1. Were you referred to our office and if so, by whom? _____.
2. If not, what made you choose our office? _____.
3. What is the purpose of your visit to our office? _____.
4. Do you have any other legal issues which our office should be aware of? __. If yes, please explain:
_____.

II. BACKGROUND AND FAMILY INFORMATION

1. Name: _____
D.O.B.: _____ SS# _____
Phone Number(s):(H) _____ (O) _____
Current Address: _____
Widowed: _____ Divorced: _____ Never Married: _____
2. Children (please indicate whether any child is from a prior marriage). For minors, include their age:

| | <u>HUSBAND</u> | <u>WIFE</u> |
|--------------------|-----------------------|--------------------|
| Name\Age | _____ | _____ |
| Relationship | _____ | _____ |
| Address | _____ | _____ |
| Phone # | _____ | _____ |
| Adopted/Half-blood | _____ | _____ |

| | | |
|--------------------|-------|-------|
| Name\Age | _____ | _____ |
| Relationship | _____ | _____ |
| Address | _____ | _____ |
| Phone # | _____ | _____ |
| Adopted/Half-blood | _____ | _____ |

| | | |
|--------------------|-------|-------|
| Name\Age | _____ | _____ |
| Relationship | _____ | _____ |
| Address | _____ | _____ |
| Phone # | _____ | _____ |
| Adopted/Half-blood | _____ | _____ |

3. Grandchildren:

| | | |
|--------------|-------|-------|
| Name\Age | _____ | _____ |
| Relationship | _____ | _____ |
| Address | _____ | _____ |
| Phone # | _____ | _____ |

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Adopted/Half-blood _____

Name\Age _____

Relationship _____

Address _____

Phone # _____

Adopted/Half-blood _____

Name\Age _____

Relationship _____

Address _____

Phone # _____

Adopted/Half-blood _____

4. If no surviving children, list names of living siblings.

Name\Age _____

Relationship _____

Address _____

Phone # _____

Name\Age _____

Relationship _____

Address _____

Phone # _____

Name\Age _____

Relationship _____

Address _____

Phone # _____

5. Names of living parents:

Name/Age _____

Relationship _____

Address _____

Phone # _____

III. HEALTH INSURANCE: PLEASE PROVIDE THE NAME AND ADDRESS OF THE COMPANY FOR THE FOLLOWING:

Medicare/Private Insurance

Company: _____

Address: _____

Medicare Supplement

Long Term Care Insurance

Company: _____

Address: _____

Other, Cancer, Accidental

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IV. PERSONAL INFORMATION

1. Have arrangements been made for the disposition of your body at death? ____ Are they paid for? ____
Please describe the arrangements and who they are with: _____.

2. Are you a veteran? ____ If yes, did you serve in wartime? ____ Do you currently receive any benefits? ____
If yes, please explain: _____.

3. What type of Medicaid benefits do you receive (nursing home; community; assisted living)? _____
When did you first begin receiving Medicaid?: _____.

4. Does anyone to whom you may be leaving part of your estate require help or protection in managing
money or other property? ____ If yes, please explain. _____
_____.

5. When do you anticipate receiving the personal injury settlement? _____
What is the estimated amount of the gross (full) settlement? \$ _____. Net settlement? \$ _____
Are all defendants settling the suit now? _____. If not, identify the defendants remaining in the lawsuit?

6. Is the client competent? _____ Yes _____ No

7. Does the client have a court appointed guardian? _____ Yes _____ No. If yes, identify the guardian,
date appointed, county where appointed, and provide a copy of the Letters of Guardianship. _____

8. Are you currently receiving or have you applied for the following public assistance:

| | YES | NO | Gross Monthly Amount | Date Applied |
|----------------------------------|------------|-----------|---------------------------------|---------------------|
| Medicaid | _____ | _____ | _____ | _____ |
| Private Disability benefits | _____ | _____ | _____ | _____ |
| Supplemental Security Income | _____ | _____ | _____ | _____ |
| Supplemental Security Disability | _____ | _____ | _____ | _____ |
| HUD Housing | _____ | _____ | _____ | _____ |

V. ASSETS

1. Real Estate located in Florida:

Address: _____

FMV: _____

(Indicate whether based on sale price, appraisal or tax bill)

Mortgage: _____

(Indicate name of mortgagee and balance of mortgage)

Title held by: _____

(Indicate persons and whether title is held as tenants in common, joint tenancy with rights of survivorship, tenancy by entirety)

Homestead Exemption Filed: _____

2. Real estate located outside Florida:

Address: _____

FMV: _____

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(Indicate whether based on sale price, appraisal or tax bill)

Mortgage: _____

(Indicate name of mortgagee and balance of mortgage)

Title held by: _____

(Indicate persons and whether title is held as tenants in common, joint tenancy with rights of survivorship, tenancy by entirety)

3. Automobiles, Mobile Homes, Recreational Vehicles, Boats:

| Type | Year | FMV | Liens | Owner |
|------|------|-----|-------|-------|
|------|------|-----|-------|-------|

4. Stocks, securities, bonds, and investments:

Asset: _____

Name & Address of Co. _____

Value: _____ Account #: _____

How is it titled: _____

When does it come due and interest rate: _____

Asset: _____

Name & Address of Co. _____

Value: _____ Account #: _____

How is it titled: _____

When does it come due and interest rate: _____

5. Retirement and pension plans (include IRAs and 401Ks):

Asset: _____

Name & Address of Co. _____

Value: _____ Account #: _____

How is it titled: _____

When does it come due and interest rate: _____

Asset: _____

Name & Address of Co. _____

Value: _____ Account #: _____

How is it titled: _____

When does it come due and interest rate: _____

6. Bank Accounts:

Asset: _____

Name & Address of Co. _____

Value: _____ Account #: _____

How is it titled: _____

When does it come due and interest rate: _____

Asset: _____

Name & Address of Co. _____

Value: _____ Account #: _____

How is it titled: _____

When does it come due and interest rate: _____

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7. Life Insurance:

Name of Owner _____
Name of Insured _____
Name of Insurer _____
Policy #: _____
Face Value: _____
Cash Surrender Value: _____
Term or whole life: _____
Beneficiary (ies): _____

Name of Owner _____
Name of Insured _____
Name of Insurer _____
Policy #: _____
Face Value: _____
Cash Surrender Value: _____
Term or whole life: _____
Beneficiary (ies): _____

8. Annuities:

Asset: _____ Value: _____ Account #: _____
Name & Address of Co. _____
How is it titled: _____ When does it come due and interest rate: _____
Are there survivorship benefits and who is the beneficiary: _____

Asset: _____ Value: _____ Account #: _____
Name & Address of Co. _____
How is it titled: _____ When does it come due and interest rate: _____
Are there survivorship benefits and who is the beneficiary: _____

Other Assets (Debts owed by others to you including description of debt, name of debtor, current unpaid balance, identify document which evidences debt): _____

Business interest in corporation or partnership (include name, address, percent of stock owned, book value and fair market value of stock, whether you have a Buy/Sell Agreement, Stock Option Agreement, Deferred Compensation Agreement, or other employee benefit plans) : _____

Mortgages: _____

Promissory notes: _____

Inheritance (Are you receiving or do you expect to receive an inheritance in the near future), Powers of Appointment: _____

TOTAL OF ALL PROPERTY: \$ _____

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VI. GROSS MONTHLY INCOME: THIS MUST INCLUDE INCOME FROM ALL SOURCES, EVEN IF REINVESTED, AS WELL AS ANY DEDUCTIONS FROM SOCIAL SECURITY OR PENSIONS. IF YOU RECEIVE A PENSION, BRING THE BOTTOM OF YOUR MOST RECENT CHECK.

Social Security \$ _____

Employment \$ _____

Pensions \$ _____

From: _____

\$ _____

From: _____

IRA's \$ _____

Annuities \$ _____

Interest on Bank Accounts, Savings Accounts, C.D.'s:

\$ _____

Dividends on Stocks and Bonds:

\$ _____

Other (i.e. rent) \$ _____

TOTALS:

\$ _____

Which sources of income have a benefit for a surviving child? _____

VII. MONTHLY LIABILITIES

Mortgages: \$ _____

Unpaid medical: \$ _____

Charge card bills: \$ _____

Other: \$ _____

TOTAL MONTHLY LIABILITIES: \$ _____

VIII. TRANSFERS OF ASSETS. THIS INFORMATION MUST BE COMPLETED IN FULL. IF YOU DO NOT COMPLETE THIS PORTION WE WILL NOT BE ABLE TO CONDUCT THE INTERVIEW.

1. Have you made any gifts or transfers, of any amount, to any individuals or charities within last sixty (60) months? Yes _____ No _____ If yes, complete the following:

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Name of recipient: _____
Date of Gift: _____
Item: _____
Value: _____

Name of recipient: _____
Date of Gift: _____
Item: _____
Value: _____

Name of recipient: _____
Date of Gift: _____
Item: _____
Value: _____

Name of recipient: _____
Date of Gift: _____
Item: _____
Value: _____

Name of recipient: _____
Date of Gift: _____
Item: _____
Value: _____

Name of recipient: _____
Date of Gift: _____
Item: _____
Value: _____

Name of recipient: _____
Date of Gift: _____
Item: _____
Value: _____

Name of recipient: _____
Date of Gift: _____
Item: _____
Value: _____

IX. LEGAL DOCUMENTS

A. Last Will & Testament:

1. Name of Personal Representative: _____
Address of Personal Representative: _____
Name of Successor Personal Representative: _____
Address of Successor Personal Representative: _____

2. Name(s) of beneficiary(ies), their address and their respective share of the estate (indicate beneficiaries who are minors and at what age they are to receive part or all of their share):

Name\Age _____ Relationship _____
Address _____ Phone # _____
If beneficiary predeceases you, what should happen to this beneficiary's share: _____
_____.

Name\Age _____ Relationship _____
Address _____ Phone # _____
If beneficiary predeceases you, what should happen to this beneficiary's share: _____
_____.

Name\Age _____ Relationship _____
Address _____ Phone # _____
If beneficiary predeceases you, what should happen to this beneficiary's share: _____
_____.

Name\Age _____ Relationship _____
Address _____ Phone # _____
If beneficiary predeceases you, what should happen to this beneficiary's share: _____
_____.

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Name\Age _____ Relationship _____
 Address _____ Phone # _____
 If beneficiary predeceases you, what should happen to this beneficiary's share: _____
 _____.

Charity Name _____
 Address _____ Phone # _____

Charity Name _____
 Address _____ Phone # _____

3. If you have minor children, do you wish to name a pre-need guardian? Yes ___. I wish to name: _____
 _____. No ___

4. Do you wish to name a preneed guardian for yourself? Yes ___. I wish to name: _____
 _____. No ___

B. Durable Power of Attorney: If you become incapacitated, do you want someone to make your financial decisions and thereby avoid a court supervised guardianship?

1. Name: _____
 Address: _____
 Relationship to you: _____

2. Name: _____
 Address: _____
 Relationship to you: _____

3. Indicate with a check mark (✓) whether you wish to give your agent the authority to handle the following matters:

| Yes | No | Legal Authority |
|-----|----|--|
| | | Create an inter vivos trust (i.e., revocable living trust) |
| | | Make a gift (subject to restrictions) |
| | | Create or change a beneficiary designation on life insurance |
| | | Create or change a beneficiary designation on other assets |
| | | Disclaim property to which you may be entitled |

| Yes | No | Legal Authority |
|-----|----|---|
| | | Amend, modify, revoke or terminate a trust (trust must give agent this authority also) |
| | | Create or change rights of survivorship |
| | | Waive your right to be a beneficiary of a joint and survivor annuity, including under a retirement plan |
| | | Disclaim powers of appointment |

4. An agent is entitled to reimbursement of expenses reasonably incurred on your behalf. A qualified agent (spouse, heir, financial institution with trust powers, attorney, Certified Public Accountant) is entitled to reasonable compensation unless you decide otherwise.

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Do you want your agent to be compensated? _____ Yes _____ No

5. The Durable Power of Attorney is effective when signed. This means if your agent gets the original or a photocopy, he/she can begin making financial decisions for you immediately even if you are healthy and not incapacitated.

Do you want to keep the original Durable Power of Attorney? _____ Yes _____ No

Do you want our law firm to hold the original document as your escrow agent? _____ Yes _____ No

C. Designation of Health Care Surrogate: If you become unconscious or unable to communicate, do you want someone to make your medical decisions and thereby avoid a guardianship?

1. Name of Primary Surrogate: _____

Address: _____

Telephone: Office _____ Home _____

Relationship: _____

2. Name of Alternate Surrogate: _____

Address: _____

Telephone: Office _____ Home _____

Relationship: _____

3. Name(s) of those persons, other than your surrogate, who you wish to send a copy of the executed document (i.e. your treating physician; family member): _____

D. Living Will: If you are diagnosed with a terminal condition and your attending physician has determined that there can be no recovery from such condition and death is imminent do you want your life prolonged?

Yes _____ No _____

1. In the event you can no longer chew food and swallow liquids orally, do you wish to receive food and water through artificial means such as a feeding tube surgically implanted in the stomach, an intravenous tube in the arm or, a nasogastric tube? Yes _____ No _____

2. Do you wish to receive medication for pain even if the amount of pain medication dulls your senses? Yes _____ No _____

3. Would you like to be cared for by Hospice. Hospice provides palliative care which includes feeding, dressing and bathing the person and administering pain medication. Hospice will not perform life sustaining measures such as CPR or restore breathing. Yes _____ No _____

4. If you also have a secondary illness (i.e. pneumonia, virus, cold) do you want the secondary illness treated (treating the secondary illness will not heal or correct the terminal illness)?

Yes _____ No _____

5. If you stopped breathing or your heart stopped beating would you want to be resuscitated?

Yes _____ No _____

6. Would you like to aid medical development in the fields of tissue and organ preservation, transplantation of tissues and tissue culture, reconstructive medicine and surgery and the development of medical research? If your body or organs are medically acceptable, upon your death do you wish to make an anatomical gift? Yes _____ No _____

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If you answer "Yes" please complete the following:

a) I wish to give _____ any needed organs or parts _____ only the following organs or parts:

Specify the organ(s) or part(s)

_____ for the purpose of transplantation, therapy, medical research, or education;

b) _____ my body for anatomical study if needed. Limitations or special wishes, if any, are as follows: _____

E. Special Needs Trust: In the event the attorney determines that it is necessary to place the settlement proceeds in a trust for the injured client in order to preserve eligibility for public assistance (and utilize the proceeds to supplement quality of care), please indicate your answers to the following questions:

1. Name & address of Trustee or Co-Trustees: _____

2. Name & address of first successor trustee: _____

3. Name & address of second successor trustee: _____

4. Who will receive the balance of the trust assets upon the death of the client: _____

F. **DECLARATION OF DESIGNEE FOR FUNERAL ARRANGEMENTS**

a. Would you like to designate in writing a trusted individual to make or, enforce arrangements for the disposition of your body at the time of your death? Yes _____ No _____

This individual would have authority to set the time and place of a service, communicate with a medical examiner, receive your cremains as well as take steps to enforce any anatomical gift you desire.

b. If yes, identify the primary authorized representative:

Name: _____

Address: _____

Cell phone: _____ Work phone: _____ Home phone: _____

Relationship to you: _____

c. If yes, identify the successor authorized representative:

Name: _____

Address: _____

Cell phone: _____ Work phone: _____ Home phone: _____

Relationship to you: _____

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d. What is your preference for final arrangements? Burial _____ Cremation _____

e. Detail any restrictions you want to place on the representative's authority: _____

G. Do you have any professional advisors who you wish us to work with? Please provide us with their names, addresses and telephone number. If you are not currently working with any of the following professionals, would you like our office to provide you with a recommendation? ___ Yes ___ No

Accountant: _____

Financial Planner: _____

Insurance Advisor: _____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Print Name: _____

Date: _____