



AN ELDER LAW FIRM

Office 501.251.1050 • Fax 501.358.4711

Cabot

51 Financial Drive
Cabot, AR 72023

Little Rock

8221 Ranch Blvd., Ste. A-1
Little Rock, AR 72223

Fort Smith

4611 Rogers Ave., Ste 102
Fort Smith, AR 72903

Rogers

5001 W. Founders Way, Ste L10
Rogers, AR 72758

Date

ASSET PROTECTION QUESTIONNAIRE SINGLE PERSON

Representative Contact Information

Name:	
Address:	
City, State, Zip:	
Telephone:	
Relationship:	
E-Mail:	

PERSONAL DATA

Resident Full Name _____

Street Address _____

City _____ State _____ Zip _____

Birth Date _____ SSN _____

U. S. Citizen? Yes ☐ No ☐ Marital Status: Never Been Married ☐ Divorced ☐

Widow/Widower ☐ ☐ ☐

Do you have a POA? Yes ☐ No ☐

Do you have Long Term Care Insurance? Yes ☐ No ☐

MEDICAL DATA

Diagnosis _____

Name of Nursing Home Where Individual Currently Resides _____

_____ Date Entered: _____

MONTHLY INCOME

	Monthly Income
Social Security Benefit	\$ _____
Retirement Benefit (Gross)	\$ _____
VA Disability Benefit	\$ _____
Annuity Income	\$ _____
Rental Income	\$ _____
Long Term Care Insurance Income	\$ _____
Total Monthly Income	\$ _____

Do not include interest and dividend income on this form.

If there is a pension, please list the gross pension amount, including any monies taken out for federal income taxes, health insurance, or any other reason.

MONTHLY COST OF NURSING HOME

\$ _____	Daily Semi-Private Nursing Home Rate
\$ _____	Medicare or Private Health Insurance Premiums
\$ _____	Medicare Supplemental Insurance Premiums
\$ _____	Prescription Drug Insurance Premiums
\$ _____	Total Monthly Costs

ASSETS/LIABILITIES

(Please insert the value of each asset/liability in the appropriate space.)

ASSET/LIABILITY	ASSET TOTAL	LIABILITY TOTAL
CHECKING		
SAVINGS		
MONEY MARKET		
CERTIFICATES OF DEPOSIT		
RESIDENCE ADDRESS		
NON HOME REAL ESTATE ADDRESS		
AUTOMOBILE(S) ATV/RV/BOAT/TRAILER MAKE MODEL		
BROKERAGE/CAP ACCOUNTS		
MUTUAL FUNDS		
STOCKS		
BONDS		

ASSET/LIABILITY	ASSET TOTAL	LIABILITY TOTAL
PROVIDE LAST 2 YEARS OF TAX RETURNS		
ANNUITIES		
TRADITIONAL IRA/RETIREMENT PLANS		
CRYPTOCURRENCY		
PREPAID FUNERAL		
BURIAL PLOTS		

LIFE INSURANCE

COMPANY NAME (include address and policy No.)	TYPE	DEATH BENEFIT VALUE	FACE VALUE	CASH VALUE	INSURED	OWNER	BENEFICIARY

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.

GIFTS

Have you given/ or sold real property, vehicles, all-terrain vehicles, or other items of value, as a gift in the last 60 months? ☐ Yes / ☐ No

Have added anyone else's name to any of your existing bank accounts, CDs, brokerage accounts, or any other assets in the last 60 months? ☐ Yes / ☐ No

Have removed your name from any existing bank accounts, CDs, brokerage accounts, or any other assets in the last 60 months? ☐ Yes / ☐ No

Have you make gifts or transfers in excess of \$100 in any one month, to an individual or group of individuals, within the past 60 months, or transferred assets to a trust within the past 60 months? ☐ Yes / ☐ No

If yes, please list below

Recipient _____ Date _____ Amount _____

Recipient _____ Date _____ Amount _____

Recipient _____ Date _____ Amount _____

Have you ever filed a Federal Gift Tax Return? Yes ☐ No ☐

Do you have a Revocable or Irrevocable Trust? Yes ☐ No ☐

CHILDREN (if applicable)

CHILD'S NAME	ADDRESS (With Zip Code)	TELEPHONE NUMBER	DATE OF BIRTH

Are any of your children disabled and/or receiving SSI or other forms of government entitlement? Yes ☐ No ☐

Does anyone live with you in your home? Yes ☐ No ☐

Have you previously applied for Medicaid? If yes, when? _____ Yes ☐ No ☐

Once completed, please return this form to:



Attention: Ben Jones

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