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MEDI-CAL - CLIENT QUESTIONNAIRE

YOU AND YOUR SPOUSE

Name of Well Spouse:			
SS#:	Date of Birth:		
Name of Ill Spouse:			
SS#:	Date of Birth:		
Home Address:			
Telephone number:			
Is anyone else living in the Family Home? Name	Relationship	Age	
Contact Person:			
YOU	UR CHILDREN		
List your Children's Names, Addresses, an Name Address			lephone

-	or maintain a home outside of California			_ No
Address:				
Have you or	your spouse ever been in U.S. military s	ervice?	Yes_	No
You		Branch of S	Service	
Spouse	· · · · · · · · · · · · · · · · · · ·	Branch of S	Service	
Are you or y	your spouse receiving military benefits?	Yes	No	If so, list all benefits.
	CURRENT AS	SSETS		
a.	Banks, savings, loan associations, and with liquid cash. Please list address of approximate amount in each account.			
Instit	cution	Account #		Amount \$
b.	List family home, other houses, Time homes, addresses, mortgages, and app			_
Addı	ress	Value		Amt. of Mortgage

h, name(s), address and te		Amount \$ etc., policy number, value of
h, name(s), address and te		
h, name(s), address and te		
h, name(s), address and te		
h, name(s), address and te		
h, name(s), address and te		
h, name(s), address and te		
h, name(s), address and te		
on (piease attach a list an	d return it with this question	* * *
	Account#	Amount \$
		ounts or notes receivable
		name(s) of other joint tenant
Property	Account#	Amount \$
r	ntly held property, e.g., rea	ner property, e.g., royalties, cash, mineral interests, accease attach a list and return it with this questionnaire). ntly held property, e.g., real estate, bank accounts etc., ease attach a list and return it with this questionnaire).

Cars, Trucks, Motorcycle, Off-road vehicles, Recreational vehicles, Airplanes, Boat Campers?				
e/Model	Year	VIN#		
Collectibles (art, jewelry, antique	es, etc.)? Do not i	nclude heirlooms.		
,				
List all Trust, Trust Accounts, Bu Institution			Value	
INSURANCE - List all insurance policies and what the policy covers, e.g., Life (whole or term), Long Term Care, Health/dental, etc.				
Institution	Policy	y #	Value	
List all other assets or resources				
	Campers? e/Model Collectibles (art, jewelry, antique) Do you have a Living Trust? List all Trust, Trust Accounts, Bustitution INSURANCE - List all insuran (whole or term), Long Term Callinstitution	Campers? e/Model Year Collectibles (art, jewelry, antiques, etc.)? Do not i Do you have a Living Trust? Yes List all Trust, Trust Accounts, Burial Trusts, and B Institution Policy INSURANCE - List all insurance policies and w (whole or term), Long Term Care, Health/denta Institution Policy	Campers? e/Model Year VIN# Collectibles (art, jewelry, antiques, etc.)? Do not include heirlooms. Do you have a Living Trust? Yes No List all Trust, Trust Accounts, Burial Trusts, and Burial Contracts? Institution Policy # INSURANCE - List all insurance policies and what the policy cov (whole or term), Long Term Care, Health/dental, etc. Institution Policy #	

m.	Do you or your spouse own If so, list type and list equip farming).			Noing livestock etc. if
	RECENT	T GIFTS/TRA	ANSFER OF ASSETS	
			1	
nont	e you or your spouse given awa hs? Yes No y transfer whatsoever for less t		List every gift/transfe	r and to whom. A gift
nont	ths? Yes No		List every gift/transfe	r and to whom. A gift
mont	ths? Yes No y transfer whatsoever for less t		List every gift/transfe et value (what it is worth)	r and to whom. A gift
mont	ths? Yes No y transfer whatsoever for less t		List every gift/transfe et value (what it is worth)	r and to whom. A gift
mont is any	ths? Yes No y transfer whatsoever for less t	han fair mark	List every gift/transfe et value (what it is worth) Amount (Value)	r and to whom. A gift

MONTHLY INCOME FOR YOU AND YOUR SPOUSE

Money each n	nonth from a job, including self-	employed income	
You Your Spouse	\$ \$		
Social Securit	y Benefits		
You Your Spouse	\$ \$		
SSI, AFDC et	<u>c.</u>		
You Your Spouse	\$ \$		
Pensions/IRA	, KEGOH, ANNUITY, 401(k),	403(b), or Trust etc.	
You Your Spouse	\$ \$		
Rentals, Mort	gages (paid to you), Notes, Deed	ls of Trust, etc.	
You Your Spouse	\$ \$		
All other mon	thly income?		
You	\$	Source	
Your Spouse	\$		
You	\$		
Your Spouse	\$		
You	\$		
Your Spouse	\$	Source	

MONTHLY EXPENSES

List monthly expenses including bills paid quarterly or yearly.

Mortg	age		\$		
Insura		Life	\$		
		Auto	\$		
		Other	\$		
Car:	DMV		\$		
	Repair	rs	\$		
	Loans		\$		
	Gas				
Utiliti	es:	Gas/Electric			
		Trash pickup	\$		
		Water			
		Phone			
Food			\$		
Clothi	ing		\$		
Travel	l				
Medic	eal:	Insurance	\$		
		Prescriptions			
		Dental	\$		
		Other	\$		
Prope	rty Tax		\$		
Tax P	reparati	on	\$		
Home	Repairs	s/Expenses	\$		
Credit	card ex	pense	\$		
Loans			Φ.		
Gifts			¢		
Child	support	, alimony	\$		
Other	monthly	y expenses			
	List		\$		
			\$		
			\$		
Persoi	n who c	ompleted this form:			
			Signature	Date:	
			Print Name		