

**Medicaid Resource Questionnaire**

Case Name: \_\_\_\_\_

Case #: \_\_\_\_\_

Certain programs have a resource limit and require resources to be verified. Please check all resources that you currently own or have owned in the last five (5) years. Please list the bank/company name, your account number and current balance. If you mark Yes to any of the resources below, you must submit account statements and/or other verification of the value of these resources from \_\_\_\_\_ to Present. If any of the accounts have been closed prior to \_\_\_\_\_, submit verification from the financial institution indicating when the account was closed and the closing balance along with verification of what was done with the funds received from closing the account. If you do not have any of the accounts listed below, you must indicate how you are cashing your SSI/RSDI checks \_\_\_\_\_

	Bank/Company name and Account #	Balance/Value
<input type="checkbox"/> Real or Personal Property:	_____	_____
<input type="checkbox"/> Vehicles:	_____	_____
<input type="checkbox"/> Savings Account:	_____	_____
<input type="checkbox"/> Checking Account:	_____	_____
<input type="checkbox"/> Credit Union Account:	_____	_____
<input type="checkbox"/> Christmas Club Account:	_____	_____
<input type="checkbox"/> Direct Express Card:	_____	_____
<input type="checkbox"/> Life Insurance Policies:	_____	_____
<input type="checkbox"/> Cemetery Lots:	_____	_____
<input type="checkbox"/> Savings Certificates or CD's:	_____	_____
<input type="checkbox"/> Stocks, Bonds, or Savings Bonds:	_____	_____
<input type="checkbox"/> Trust Fund/Estate Funds:	_____	_____
<input type="checkbox"/> Annuities:	_____	_____
<input type="checkbox"/> Revocable/Irrevocable Burial Contracts:	_____	_____
<input type="checkbox"/> IRA or 401K:	_____	_____
<input type="checkbox"/> Keogh Plan:	_____	_____
<input type="checkbox"/> Mutual Funds:	_____	_____
<input type="checkbox"/> Individual Development Account:	_____	_____
<input type="checkbox"/> Dividend and Interest:	_____	_____
<input type="checkbox"/> Cash on hand:	_____	_____
<input type="checkbox"/> Tax Shelter Account:	_____	_____

**\*\* Please sign and date to indicate the information on this form is correct\*\***

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date