MCS, Inc.
Medi-Cal Consulting Services, Inc.

Assessment Form

Please fill out this form to the best of your knowledge. This information will not be shared without soul permission.

Date: _____ Your Name: _____ Relationship to Applicant: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Mailing Address: _____ Email: _____

Applicant: _____

Ever applied for Medi-Cal: □ Yes □ No Date: _____

Age:_____ Mental Capacity: □Good □Fluctuating □No Capacity

Current Residence: □Home □Skilled Nursing Facility □Assisted Living
□Board & Care □Hospital

Applicant's Kids (How many): _____

Health Insurance: _____

Additional Health Insurance: _____

Monthly Premium(s): _____

Life Insurance (Cash Surrender Value): _____

Vehicle(s) (Year, Make & Model): _____

_____

Home: □ Own or □ Rent Burial Policy Value $_____

In the last 30 months was anything: □Transferred □Sold or □Gifted

Assets: Checking Account $_____

Savings Account $_____

Retirement Account $_____

Annuities $_____

IRA's $_____

CD's $_____

Stocks/Bonds $_____

Money Market $_____

Other $ _____

Income: Source _____

Amount $_____

Source _____

Amount $ _____

Source _____

Amount $ _____

Spouse: _____

Age:_____ Mental Capacity: □Good □Fluctuating □No Capacity

Current Residence: □Home □Skilled Nursing Facility □Assisted Living
□Board & Care □Hospital

Spouse's Kids (How many): _____

Health Insurance: _____

Additional Health Insurance: _____

Monthly Premium(s): _____

Life Insurance (Cash Surrender Value): _____

Vehicle(s) (Year, Make & Model): _____

_____

Home: □ Own or □ Rent Burial Policy Value $_____

In the last 30 months was anything: □Transferred □Sold or □Gifted

Assets: Checking Account $_____

Savings Account $_____

Retirement Account $_____

Annuities $_____

IRA's $_____

CD's $_____

Stocks/Bonds $_____

Money Market $_____

Other $ _____

Income: Source _____

Amount $_____

Source _____

Amount $ _____

Source _____

Amount $ _____

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Staff Only:

Referred By: _____ Contact Info: _____

Applicant: Address_____ Spouse: Address _____

Phone _____ Phone _____

POB _____ POB_____

Military Service _____ Military Service_____

SNF Admitted _____ POA/Medical_____

POA/Medical_____ POA/Financial_____

POA/Financial_____

30 Month Look Back_____

_____

Second Property _____

_____

Notes:

_____

_____

_____

_____

_____

_____

_____

Items Needed:

□ Free assistance over phone whether you hire us or not

□ How does M/C assess their property

□ MC picks up where Medicare stops (Also covers: Haircut, Shampoo & Laundry)

□ Briefly explain estate Recovery

Copies of following:

- Picture ID
- Social Security Card
- Medicare Card
- OHC Card (front & back)
- Will/Trust/Power of Attorney
- Property Tax Statement (for ALL properties)
- All auto registrations
- DD214 Veterans Discharge
- Statements for all financial accounts open or closed for last three months
- Statements for all income received to verify gross income and deductions
- Life Insurance Policy – Need: Policy Type, FV & CSV

Interviewers _____/_____ Stats List _____ Intro Packet Sent _____ Via _____

Referred to CALMA_____ F/A Sent _____ Via _____

SOC_____ Consult w/ _____ Date _____ Time _____