

FINANCIAL INFORMATION

SOCIAL SECURITY #: _____ MASS HEALTH #: _____

MEDICAID #: _____ IF NONE IS APPLICATION FILED? _____

MEDICARE #: _____ PART A PART B A+B MEDEX #: _____ I II III
(number and claim letter) (circle one)

ANY OTHER HEALTH INSURANCE: i.e. FALLON, CMHC etc.

_____ \$ _____ monthly or quarterly
type of insurance claim number (amount of premium paid)

ARE ANY INSURANCE PREMIUMS PAID BY EMPLOYER: YES / NO

INCOME SOURCES

SOCIAL SECURITY \$ _____ SUPPLEMENT SECURITY INCOME (SSI) \$ _____

PENSION \$ _____ SOURCE _____

VETERANS CHECK \$ _____ SOURCE _____

PLEASE LIST WHICH CHECKS ARE DIRECTLY DEPOSITED IN A BANK ACCOUNT: _____

DOES THE APPLICANT HAVE: STOCKS _____ BONDS _____ TRUST FUNDS _____

BANK ACCOUNTS:

_____ CHECKING OR SAVINGS \$ _____
(Bank Name) (Account #) (Names of Account) (circle one) (balance)

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(Bank Name) (Account #) (Names of Account) (circle one) (balance)

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(Bank Name) (Account #) (Names of Account) (circle one) (balance)

LIFE INSURANCE: # OF POLICIES _____

_____ (company name) (beneficiary) (policy #) (face Value)

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FINANCIAL MANAGEMENT: Please state the name(s) of any person(s) that handle financial matters for the applicant _____

PLEASE CHECK TYPE OF AUTHORITY: REPRESENTATIVE PAYEE _____

POWER OF ATTORNEY: _____ CONSERVATOR _____

IS THERE A PREPAID FUNERAL ACCT? YES / NO TYPE: IRREVOCABLE TRUST / BANK ACCT.