

CONFIDENTIAL FINANCIAL DISCLOSURE INFORMATION

Team: 1 2A 2B Prospect: _____ Male Female

Home Phone: _____ Cell Phone: _____ Marital Status: _____

DOB: _____ Place of Birth: _____ Year entered U.S.: _____

SSN: _____ Medicare: A B D Rep Payee: Y/N _____

Medicare #: _____ Secondary Ins: _____

Medicaid #: _____ SSI: _____ Spend down: _____

Veteran: _____ LTC Ins: _____ Comp Case: Y / N

Prescription Plan: _____ How long have you lived in Onondaga County? _____

Pharmacy Name/Phone: _____ - Retail / Mail Order

Spouse Name: _____ Spouse DOB: _____ Spouse SSN: _____

Contact Name/Address: _____

Relationship to Prospect: _____ Home Phone: _____ Cell Phone: _____

<u>Cur Mo Income:</u>	<u>Applicant:</u>	<u>Spouse:</u>	<u>Expenses:</u>	
Social Security	\$ _____	\$ _____	Rent	\$ _____
SSI	\$ _____	\$ _____	Medical Bills	\$ _____
Veteran's Pension	\$ _____	\$ _____	Supplemental Ins	\$ _____
Railroad Pension	\$ _____	\$ _____	EPIC	\$ _____
Other Pension	\$ _____	\$ _____	Food	\$ _____
Dividends	\$ _____	\$ _____	National Grid	\$ _____
Annuity	\$ _____	\$ _____	Telephone	\$ _____
Trust	\$ _____	\$ _____	Cable Television	\$ _____
Other Income	\$ _____	\$ _____	Credit Card Debt	\$ _____
			Taxes	\$ _____
			Loan Payments	\$ _____
TOTALS:	\$ _____	\$ _____		\$ _____

Total Cur Mo Income of Applicant/Spouse combined: \$ _____

<u>Type of Accounts:</u>	<u>Balance:</u>	<u>Life Insurance Type:</u>	
Checking	\$ _____	Group life policy:	_____ (no cash value)
Bank: _____		Company:	_____
Savings	\$ _____	Term life policy:	_____ (no cash value)
Bank: _____		Company:	_____
CD	\$ _____	Whole life policy:	_____ (some cash value)
Money Market	\$ _____	Company:	_____
Mutual Funds	\$ _____	Face value: \$ _____	Cash value: \$ _____
Stocks	\$ _____	Estate Trusts:	Y / N \$ _____
Bonds	\$ _____	Owns Home:	Y / N \$ _____
IRA	\$ _____	Owns Other Property:	Y / N \$ _____
Annuities	\$ _____	Holds Mortgage on Property:	Y / N \$ _____
Other	\$ _____	Rental Income:	Y / N \$ _____

Vehicle: _____

Transfers (last 5 years): Property: Y / N House: Y / N Assets: Y / N

Attorney: _____ **POA:** _____

Any pending lawsuit settlements? Y / N **Irrevocable Trust?** Y / N

Burial arrangements? Y / N Cemetery: _____ Funeral Home: _____

Prospect: _____

Employer: _____ **Occupation:** _____

OTHER HEALTH INFORMATION (OHI):

Are you currently employed? Y / N

Do you have any group health plan coverage through a present/past employer or union group? Y / N

Insurance Company Name: _____

Address: _____

Policy #: _____ **Rx-GROUP:** _____ **Phone #** _____

Does your present/past employer/union health plan cover prescriptions? Y / N

Rx Insurance Company Name: _____ **Phone#** _____

Address: _____

Policy #: _____ **Date coverage began:** _____

Rx-GROUP: _____ **Rx PCN:** _____ **Rx BIN:** _____

Is your spouse/family member currently employed? Y / N

If yes, please provide spouse/family member name and social security number below:

Does your spouse/family member have group health coverage through present/past employer or union group? Y / N

Are you covered under you spouse/family members health insurance policy? Y / N

Insurance Company Name: _____

Address: _____

Policy #: _____ **Rx-GROUP:** _____

Do you have supplemental prescription drug coverage under your policy or spouse/family member policy? Y / N

Is your supplemental drug coverage policy State Pharmaceutical Assistance Program (SPAP/EPIC), TRICARE, MEDIGAP, or Other?:

Rx Insurance Company Name: _____ **Phone:** _____

Address: _____

Policy #: _____ **Date coverage began:** _____

Rx-GROUP: _____ **Rx PCN:** _____ **Rx BIN:** _____

Are you receiving Black Lung benefits? Y / N

Are you receiving Workers' Compensation benefits? Y / N

Are you receiving treatment for an injury or illness which another party could be held liable or could

be covered under no-fault or auto insurance? Y / N *If yes to any, please complete CMS OHI form.*

Potential Participant/POA Signature

Intake Specialist Signature

Date