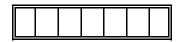
RUTHANN P. LACEY, P.C. CONCENTRATING IN ELDER AND SPECIAL NEEDS LAW 3541 E Habersham at Northlake Tucker, Georgia 30084 Telephone: (770) 939-4616 Facsimile: (770) 939-1758 www.elderlaw-lacey.com



(For Office Use Only)

CONFIDENTIAL INFORMATION Section One: Personal Information

Please complete all blanks; use "not applicable" or "N/A" if appropriate

| NAME OF DISA | ABLED INDIVIDUAL: | | | |
|-----------------------------|------------------------|------------------------------------|----------|------------|
| | (First) | (Middle) | (Las | st) |
| HOME ADDRES | SS: | (Street Address) | | |
| | | (Street Address) | | |
| | (City) | (County) | (State) | (Zip Code) |
| RESIDENCE AI | DDRESS: | | | |
| (If differe | nt from home address) | (Name of Facility and Street Addre | ss) | |
| | (City) | (County) | (State) | (Zip Code) |
| HOME PHONE: | | | | |
| SS#: | | DRIVER'S LIC. # (State): | | |
| NAME OF EMP | LOYER / FORMER EMPLOYE | R: | | |
| ADDRESS OF E | MPLOYER: | | | |
| | | (Street Address) | | |
| | (City) | (County) | (State) | (Zip Code) |
| AGE: | _ DATE OF BIRTH: | PLACE: | MARITAL | STATUS: |
| DATE DISABILITY BEGAN: | | | VETERAN' | ? |
| SPOUSE: | | | | |
| | (First) | (Middle) | (Last) | |
| RESIDENCE AI | DDRESS: | (Street Address) | | |
| | | | | |
| | (City) | (County) | (State) | (Zip Code) |
| HOME PHONE: | | WORK PHONE: | | |
| NAME OF EMP | LOYER: | | | |
| ADDRESS OF E | MPLOYER: | | | |
| | | (Street Address) | | |
| | (City) | (County) | (State) | (Zip Code) |
| AGE: | DATE OF BIRTH: | PLACE: | MARITAL | STATUS: |
| IF DECEASED. DATE OF DEATH: | | | VETERAN' | ? |

SN

| PARENT OR | GUARDIAN NAME: | | | | |
|-----------------|------------------------------|---------|------------------|---------------|------------|
| | | (First) | (Mi | ddle) | (Last) |
| RESIDENCE | ADDRESS: | | t Address) | | |
| | | ` | , | | |
| | (City) | (Coun | ty) | (State) | (Zip Code) |
| HOME PHON | E: | | WORK P | HONE: | |
| E-MAIL: | | SS# | : | | VETERAN? |
| NAME OF EN | MPLOYER / FORMER EM | PLOYER: | | | |
| ADDRESS OF | FEMPLOYER: | | | | |
| | | (Stree | t Address) | | |
| | (City) | (Coun | ty) | (State) | (Zip Code) |
| AGE: | DATE OF BIRTH: | PLA | CE: | MARITA | L STATUS: |
| | | | | | |
| | | | | | |
| SPOUSE: | (First) | (Midd | le) | (Last) | |
| SS#· | (1 1151) | ` | , and the second | ` / | |
| | MPLOYER /FORMER EM | | | | |
| | FEMPLOYER: | | | | |
| | | | t Address) | | |
| | (City) | (Coun | ty) | (State) | (Zip Code) |
| WORK PHON | NE: | | VETERA | N? | |
| AGE: | DATE OF BIRTH: _ | PLA | CE: | MARITA | AL STATUS: |
| | | | | | |
| SIBLINGS: | NAME: | | AGE: | LIVE WITH PAR | LENTS? |
| | · | | | | ENTS? |
| | | | | | LENTS? |
| | | | | | LENTS? |
| | | | | | |
| | | | | | |
| Nature of lega. | l advice you are seeking: | | | | |
| | | | | | |
| How did you l | earn about our office? | | | | |
| | | | | | |
| Signe | ed (Parent, Guardian, or Tru | ıstee) | | | Date |

| I. | Publ | lic Bene | efits: | | | | | |
|------|-----------|-----------|------------------------------|-----------------------------|-------------------------|------|------------------|--|
| | Is dis | sabled in | ndividual presently eligible | for SSDI? | Date Eligibi | lity | Began: | |
| | Is dis | sabled in | ndividual presently eligible | for SSI? Da | Date Eligibility Began: | | | |
| | Is dis | sabled in | ndividual presently eligible | for Medicaid? Date Eligibil | | | y Began: | |
| | | | ndividual presently the bene | | | | | |
| | | | | _ | | | | |
| | | | | Disable | d Individual | | Parent or Spouse | |
| II. | Inco | | | | | | | |
| | A. | SSD | I benefits | | | | \$ | |
| | В. | SSI | benefits | \$ | | _ | \$ | |
| | C. | Othe | er Income | | | | | |
| | | Sour | ce: | | | | | |
| | | Sour | ce: | \$ | | _ | | |
| | | Sour | ce: | | | | \$ | |
| | | Sour | ce: | | | | \$ | |
| | TD . 4 | 1 | | ¢ | | | Φ | |
| | Tota | ıls: | | \$ | | | \$ | |
| III. | Asse | ts: | | | | | | |
| | A. | | Estate | | | | | |
| | | 1. | Homeplace | Market v | alue: | \$ | | |
| | | | Address: | | | | | |
| | | | Name(s) on deed: | | | | | |
| | | | Date of purchase: | | Price: | \$ | | |
| | | | Mortgage balance: \$ | | | | | |
| | | 2. | Other Real Property | | \$ | | | |
| | | | Address: | | | | | |
| | | | Name(s) on deed: | | | | | |
| | | | Date of purchase: | | Price: | \$_ | | |
| | | | Mortgage balance: \$ | | - | | | |
| | В. | Life | Insurance | | | | | |
| | | 1. | Term or Whole? | \$ | | | \$ | |
| | | 2. | Term or Whole? | | | | \$ | |

| С. | Veh | icles | | |
|-----------|------|------------------------------------|-----------------------------|------------------|
| | 1. | Make/Year: | Market va | lue: \$ |
| | | Name(s) on Title: | | |
| | 2. | Make/Year: | Market va | lue: \$ |
| | | Name(s) on Title: | | |
| | | | Beneficiary | Parent or Spouse |
| D. | Ban | k Accounts (if joint, list names o | n separate sheet, by number | er) |
| | 1. | Checking; Avg. Balance: | \$ | <u></u> |
| | | Bank: | | |
| | 2. | Checking; Avg. Balance: | | \$ |
| | | Bank: | | |
| | 3. | Savings; Balance: | \$ | |
| | | Bank: | | _ |
| | 4. | Savings; Balance: | | \$ |
| | _ | Bank: | _ | |
| | 5. | Other Accounts; Value: | \$ | <u></u> |
| | _ | Bank: | | |
| | 6. | Other Accounts; Value: | | \$ |
| | | Bank: | | |
| E. | Inve | estments | | |
| | Inve | estment or Securities Account | \$ | <u> </u> |
| | Stoc | ks and Bonds | \$ | ф |
| | Ann | uities | \$ | \$ |
| | Pens | sion Fund | \$ | <u> </u> |
| | IRA | /SEP Account | \$ | \$ |
| | Note | es Receivable | \$ | \$ |
| | Othe | er | \$ | ď |
| | Othe | er | \$ | \$ |
| F. | Pres | sent Value of Assets | \$ | |

(attach additional sheets as necessary)