

Medi-cal Intake Sheet

Date: _____

Contact _____

Referred By _____

Address _____

Cell # _____

Email _____

Home # _____

Applicant _____

Spouse _____

01 - 02

01 - 02

Medi-cal - Yes or No DOB ___/___/___

Medi-cal - Yes or No DOB ___/___/___

Mental & Physical Health _____

Mental & Physical Health _____

Place of birth _____

Place of birth _____

Citizen - Yes or No

Citizen - Yes or No

Home - Yes or No Autos _____

Home - Yes or No Autos _____

Health Insurance _____

Health Insurance _____

Life Ins - Yes or No / Cash Value - Yes or No

Life ins - Yes or No / Cash Value - Yes or No

Burial - Yes or No

Burial - Yes or No

Income : S.S. _____

Income : S.S. _____

Pension _____

Pension _____

Retirement _____

Retirement _____

VA _____

VA _____

IRA distribution _____

IRA distribution _____

Other _____

Other _____

Checking \$ _____ \$ _____ \$ _____

Savings \$ _____ \$ _____ \$ _____

IRA - Applicant \$ _____ Spouse \$ _____

401K - Applicant \$ _____ Spouse \$ _____

CD's - Applicant \$ _____ Spouse \$ _____

Stock's Bond's - Applicant \$ _____ Spouse \$ _____

Annuities - Applicant \$ _____ Spouse \$ _____