# Government Benefits Checklist



## GOVERNMENT BENEFIT CHECKLIST

Client Information		
Full Name:		Date of Birth:
Personal	or Familial Disabil	ity
Are you d	isabled?	
( ) Yes: Date of Disability		( ) No
Is your sp	ouse disabled? (If you	are not married, select "No.")
( ) Yes	( ) No	
Do you ha	ve a disabled child? (If	f you do not have any children, select "No.")
( ) Yes	( ) No	
Medicar	e and Medicaid Info	ormation
Are you, o	or anyone in your house	ehold, currently receiving Medicare benefits?
( ) Yes	( ) No	
Are you, o	or anyone in your house	ehold, currently receiving Medi <u>caid</u> benefits?*
( ) Yes	( ) No	
Are you, obenefits?*		ehold, currently receiving Medicare Savings Program
( ) Yes	( ) No	
Social Se	ecurity Benefits	
• /	or anyone in your house nd/or Social Security S	ehold, currently receiving Social Security Retirement urvivor Benefits?
( ) Yes: Monthly Dollar Amount		( ) No
Are you c	urrently receiving Supp	plemental Security Income (SSI) benefits?*
( ) Yes: Monthly Dollar Amount		( ) No
Are you co	urrently receiving Soci	al Security Disability Insurance (SSD or SSDI) benefits?
( ) Yes: Monthly Dollar Amount		( ) No

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### **Other Benefits** Are you currently receiving any benefits from the Department of Veterans Affairs? () Yes ( ) No If yes, are you receiving Veterans Pension or Survivor Pension benefits?\* (Many people refer to this benefit as Aid and Attendance.) () Yes ( ) No Are you currently receiving Section 8 or Housing and Urban Development (HUD housing) benefits?\* () Yes ( ) No Are you currently receiving Supplemental Nutrition Assistance Program (SNAP) or EBT (Food Assistance) benefits?\* (Many people refer to this benefit as Food Stamps.) () Yes ( ) No Are you receiving any of the following other government benefits? Select all that apply. [ ] Children's Health Insurance Program (CHIP)\* Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)\* Low Income Home Energy Assistance Program (LIHEAP)\* [ ] Weatherization Assistance Program (WAP)\* [ ] Temporary Assistance for Needy Families (TANF)\* [ ] Head Start\* [ ] School Breakfast and Lunch Program\* [ ] Special Milk Program\* [ ] Summer Food Service\* [ ] Family Employment Program\* Other – Please Specify:

Date Checklist Completed:

<sup>\*</sup> These benefits are based on assets and/or income and could be jeopardized by the receipt of a personal injury settlement. Careful planning may allow for the preservation of these benefits. Please contact an attorney at Tombs Maxwell LLP to discuss options to preserve these government benefits.

# Tired of Handling Government Benefits Issues on Your Own?

Why retain the liability of giving your clients government benefits preservation advice?

Watch a 5-minute video showing just how easy it is to outsource post-settlement government benefits planning—all at no cost to you or your firm.

Discover a better way. Visit tombsmaxwell.com/video to learn more.