

To be reproduced on district letterhead

**MEDICAID ESTATE RECOVERY QUESTIONNAIRE**  
**PLEASE COMPLETE AND RETURN THIS FORM**

ATTENTION: Survivor, heir or person responsible for the estate of \_\_\_\_\_

Name  
Address

Under Section 369 of the Social Services Law, recovery must be pursued from the estate of deceased Medicaid recipients who were 55 years of age or older or permanently institutionalized when he/she received such assistance. Our records indicate the above named decedent received medical assistance benefits under the Medicaid program.

According to our records, you are the beneficiary and/or the surviving owner of assets owned jointly with the decedent or are the person responsible for the distribution of assets in which the decedent had interest at the time of death. If you are not the person described above, please provide the name and address of any person(s) who meets this description.

1. Is the decedent survived by a legal spouse? YES \_\_\_ NO \_\_\_

If yes, spouse's name \_\_\_\_\_

Spouse's social security number \_\_\_\_-\_\_\_\_-\_\_\_\_ Spouse's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Is the decedent survived by a child under age 21? YES \_\_\_ NO \_\_\_  
(If yes, include copy of child's birth certificate.)

Is the decedent survived by a certified blind child of any age? YES \_\_\_ NO \_\_\_  
(Provide copy of certification of blindness from the Commission for the Blind and Visually Handicapped.)

Is the decedent survived by a certified disabled child of any age? YES \_\_\_ NO \_\_\_  
(Provide copy of certification of disability by the Social Security Administration or Medicaid program.)

Please answer the following questions, even if the decedent had no assets or interest in assets, and return this form and a copy of the death certificate to the above address. **Please include verification of value of assets at the time of death, i.e. copies of bank statement(s).** For assets owned singly and/or jointly with other owners, include the name of any surviving owner and/or beneficiary. Attach a separate page if more space is needed.

3. Bank accounts: (e.g. checking, savings, credit union account, certificates of deposit, etc.):

Bank Name: \_\_\_\_\_ Account Balance: \_\_\_\_\_  
Surviving Joint Owner/Beneficiary Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Stocks, bonds, securities (including annuities, retirement accounts, etc.):

Institution Name/Asset Type: \_\_\_\_\_ Asset Value: \_\_\_\_\_  
Surviving Joint Owner/Beneficiary Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Real Property (e.g. home, rental, vacation and property in which the decedent had life estate interest):

Name(s) on Deed: \_\_\_\_\_  
Surviving Joint Owner/Beneficiary/Remainder Person \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Is there a trust? YES\_\_\_ NO\_\_\_ **If yes, provide copy of trust document.**

7. Is the estate being probated? YES\_\_\_ NO\_\_\_

8. Were the decedent's burial expenses paid? YES\_\_\_ NO\_\_\_

I certify under penalty of perjury that the information provided is correct to the best of my knowledge.

Print Name \_\_\_\_\_ Relationship to Decedent \_\_\_\_\_  
(Person completing this form)

Your Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_