



Toolkit 1
FINANCIAL INVENTORY

Date	Person A Name	Person B Name
Total yearly income from all sources		
Any changes in future income Y/N		
TOTAL amount income risk to Medicaid		
Total Asset Amount	Person A	Person B
Qualified Assets 401k, IRA, 403b, 457, TSA, ...etc.		
Non-Qualified Stocks, bonds, CDs, .etc.		
Other Assets		
TOTAL: Self-insured amount risk to Medicaid		
	Person A	Person B
Life Insurance Type Term/ UL/whole/Group/Own Amount of Insurance	Y/N	Y/N
Marriage 1st, 2nd, 3rd		
Special needs planning	Y/N	Y/N
Future inheritance	Y/N	Y/N
WILL, POA, Living Will	Y/N	Y/N
Trust	Y/N	Y/N
Annuities	Y/N	Y/N