

Benefits Screen

We would like to help look for benefits you may be eligible to receive. To do this, we need some information from you. Please answer the following questions and try to be as accurate as possible with your answers.

Name _____ Phone _____

Address _____

Date of Birth: _____ Number of People Living in Your Home _____

Are you currently receiving or enrolled in any of the following benefits programs?

- ☐ Bridge Card (Food Assistance Program)
- ☐ Medicare Savings Program
- ☐ Medicare Part D Extra Help (for prescriptions)

What type of health insurance do you currently have? (Select all that apply)

- ☐ Medicare
- ☐ Private Insurance
- ☐ Medicaid
- ☐ None

How do you currently pay for prescription drugs? (Select all that apply)

- ☐ Enrolled in a plan
- ☐ Enrolled in a plan, but with co-pay
- ☐ VA provides prescriptions
- ☐ Pay out of pocket

Do you receive Supplemental Security Income (SSI)? ☐ Yes ☐ No

Are you behind on your utility bills? ☐ Yes ☐ No

Do you own a second home or cottage? ☐ Yes ☐ No

What is a rough estimate of your monthly income? \$ _____

How much would you estimate that you have in the bank? \$ _____

Thank you for taking the time to answer the questions above. We will be in contact with you soon. Please return to Elder Law of Michigan in the envelope provided.