

Benefit Analysis Prescreen FAX

*The Benefit Analysis Prescreen is provided at no charge by JacksonWhite Elder Law Services
The goal of the Prescreen is to help determine potential eligibility for public benefits.*

TO: Jackson White c/o Jill Preston
FAX: 480.467.4257
ADDRESS: 40 North Center Street, Suite 200, Mesa, Arizona 85201
PHONE: 480.464.1111 or toll free at 1.800.243.1160

From: _____ **PHONE** _____
FAX: _____ **DATE FAXED:** _____
NAME: _____
TITLE: _____
 Yes, please email/ call with outcome of this prescreen and necessary follow up to: _____

Client Name: _____ **Age:** _____ **Sex:** M/F
Spouse: _____ **Age:** _____ **Sex:** M/F
Current location of client: _____
Who should prescreen be conducted with? _____
Relationship with Client: _____
Phone: _____
Information you would like discussed with client: (please circle) ALTCS VA Estate Planning Other legal
Any special circumstances you wish to share?

I authorize the Facility/Agency to release the above information to Jackson White for the purpose of conducting a Benefit Analysis and/or Social Service Prescreen. I understand that Jackson White will initiate a phone call to me for the purpose of this prescreening for benefits eligibility. I understand that although JacksonWhite may inform Facility/Agency whether qualification for various benefits is possible, it will not discuss my specific financial information.

Signature _____ **Date** _____ **Authority of Signer, if not the patient** _____
If this authorization has been given verbally please date the day of the given authorization and have the person who took the verbal authorization initial in box

This authorization expires three months after its signature, and may be revoked at any time by informing the Facility/Agency. The Facility/Agency may not condition treatment, payment, enrollment or eligibility for benefits on signing this authorization. Once disclosed to JacksonWhite, the above information may no longer be protected by health care privacy regulations and may be disclosed by JacksonWhite where consistent with an attorney's duty of confidentiality.

- Please have the following information available for your benefit analysis prescreen:*
- All sources of income for resident and spouse
 - A listing of all assets, including value
 - Home ownership information
 - Life and/or long-term care insurance information
 - Information on transfers of assets over the last five years
 - Identity of Power of Attorney, if any

