



1209 W. Tokay Street Suite 10 Lodi, CA 95240 Tel: (209) 368.7503

## CLIENT INFORMATION CHECKLIST

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell Ph # \_\_\_\_\_

Power Of Attorney \_\_\_\_\_

Address \_\_\_\_\_

**If we are assisting you in the Medi-Cal process  
we will need a copy of any of the following items that apply:**

- Pension statement and/or paycheck
- Vehicle registration
- Checking account statement(s) - all pages, front/back
- Savings statement(s)
- IRA, CD's, etc statement(s)
- Social security card
- Medicare card
- Health Insurance card
- Birth Certificate
- Marriage Certificate
- Grant Deed
- Death Certificate
- Divorce Certificate
- Insurance benefit or disability benefit statement
- Social Security statement for current year
- Life Insurance policy and current cash value
- Burial Insurance / Plots and current cash value
- Stocks or Bond statement
- Drivers license or Identification card
- Power of Attorney for Health/ Finance