



THE
HYDE
LAW FIRM, PLLC

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CLIENT INFORMATION SHEET

Name/Power of Attorney: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone _____
Email Address: _____

Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone _____
Date of Birth: _____ Social Security Number: _____

Marital Status: S M D W (please circle one)

Spouse Name: _____
Spouse Date of Birth: _____ Spouse Social Security Number: _____

What was the Applicant's Last Night at Home: _____
What is the Name of Nursing Facility: _____
Address: _____
City: _____ State: _____ Zip Code: _____
What is the cost per Day at Facility? _____

Who were you Referred by: _____

Does Applicant Have Health Insurance? _____
If so, Insurance Name: _____
How much is Health Insurance Premium? _____

Does the Applicant Have a trust? _____
Does the Applicant Have any Disabled Children (SSI/SSDI)? _____
Has there been any money given away in the past 5 years? _____
Have there been any accounts closed in the past 5 years? _____

Is the Applicant a Veteran or Widow of a Veteran? _____
IF so, what Branch of Military? _____ What dates of Service? _____