



LONG TERM CARE PLANNING QUESTIONNAIRE - COUPLE (Short Form)

The goal of Skelton Law Offices is to provide excellent legal advice as efficiently and economically as possible. Use this questionnaire to assemble and provide information regarding the Individual for whom long term care planning advice is sought. If possible, deliver the completed questionnaire to us in advance of the initial meeting.

Your responses to this Questionnaire are privileged and confidential. The purpose of the Questionnaire is to help - not hinder - the long term care planning process. Please do not be overwhelmed. Allow yourself an hour or two to work with these questions, and keep your initial appointment even if you cannot complete the Questionnaire.

GENERAL INFORMATION

Provide the following information about the person for whom long term care planning advice is sought (the "Individual") and for the Individual's Spouse:

	Individual	Spouse
Name		
Date of Birth		
Soc. Sec. #		
Current Address		
<i>Check one:</i>	<input type="checkbox"/> Own home <input type="checkbox"/> Rental <input type="checkbox"/> Facility	<input type="checkbox"/> Own home <input type="checkbox"/> Rental <input type="checkbox"/> Facility
Telephone No.		

Identify the person preparing this form:

the Individual
 the Individual's Spouse
 Another Person

If the person preparing this Questionnaire is someone other than the Individual or the Individual's Spouse, indicate:

Name _____ Relationship to Individual _____
Address _____ Home # _____ Work # _____

FAMILY INFORMATION

If the Individual is married, indicate date of marriage: _____

If the Individual is not married but has been married, indicate how marriage ended:

In divorce In separation In death of spouse

Provide the names, addresses, and ages of all living children of the Individual:

Name	Complete Address	Phone #	Age

If there was a child of the Individual who died leaving children, list the names and ages of that deceased child's children: _____

Describe any significant caregiving assistance given by a child in the last three years:

Describe any significant assistance given by someone other than a child in the last three years: _____

Identify any children who are disabled or dependent on the Individual:

HEALTH STATUS

Describe any health problems of the Individual: _____

Describe any health problems of the Spouse: _____

Mental status of the Individual:
(Check any that apply, even if only from time to time)

- | | | | |
|--------------------------------------|---------------------------------|------------------------------------|--------------------------------|
| Recognizes family and friends: | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Able to describe money and property: | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Able to name all immediate family: | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

Mental status of the Spouse:
(Check any that apply, even if only from time to time)

- | | | | |
|--------------------------------------|---------------------------------|------------------------------------|--------------------------------|
| Recognizes family and friends: | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Able to describe money and property: | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |
| Able to name all immediate family: | <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> |

Never

Identify any hospital in which the Individual is currently admitted:

Reason for Admission: _____ Date of Admission: _____

Identify any hospital in which the Spouse is currently admitted:

Reason for Admission: _____ Date of Admission: _____

Identify any facility in which the Individual is currently residing:

Date of entry: _____ Level of care: Skilled care
 Nursing care
 Assisted living

Source of payment: _____

Identify any facility in which the Spouse is currently residing:

Date of entry: _____ Level of care: Skilled care
 Nursing care
 Assisted living

Source of payment: _____

MEDICAL INSURANCE

Does Individual have Medicare Part A? Yes No

Medicare Part B? Yes No

If the Individual has a Medicare Supplemental policy, identify:

Company: _____

Policy #: _____

Premium: \$_____ per month

If the Individual has other medical insurance, identify:

Company: _____ Company: _____

Policy #: _____ Policy #: _____

Premium: \$_____ per month Premium: \$_____ per month

If the Individual has Long Term Care insurance, identify:

Company: _____ Company: _____

Policy #: _____ Policy #: _____

Premium: \$_____ per month Premium: \$_____ per month

Does Spouse have Medicare Part A? Yes No

Medicare Part B? Yes No

If the Spouse has a Medicare Supplemental policy, identify:

Company: _____

Policy #: _____

Premium: \$_____ per month

If the Spouse has other medical insurance, identify:

Company: _____ Company: _____

Policy #: _____ Policy #: _____

Premium: \$_____ per month Premium: \$_____ per month

If the Spouse has Long Term Care insurance, identify:

Company: _____ Company: _____

Policy #: _____ Policy #: _____

Premium: \$_____ per month Premium: \$_____ per month

INCOME

Provide details regarding sources of income--whether fixed or variable--and the amount of income received in the Individual's name or in the name of the Individual's Spouse.

Source of Monthly Income	Individual	Spouse
Social Security (net monthly amounts)		
Employment		
Pension from: _____		
Pension from: _____		
Interest income		
Dividends		
Rental income		
Business interest income		
Retirement Distributions (IRA's, 401K's, etc.)		
Annuity from: _____		
Annuity from: _____		
Other income		

PERSONAL RESIDENCE

If either the Individual or the Spouse owns a home, in whose name is the deed to the personal residence?

- Individual
 Individual's Spouse
 Individual and Spouse
 Individual and Another

If any person other than the Individual and the Spouse owns an interest, indicate:

Name(s) _____ Relationship to Individual or Spouse _____

Identify any person other than the Individual or the Spouse who lives in the personal residence:

Name(s) _____ Relationship to Individual or Spouse _____

Indicate date and purchase price of personal residence: _____

Estimate fair market value of the personal residence: _____

Identify assessed value for real estate tax purposes: _____

OTHER ASSETS

For any asset in which either the Individual or the Spouse has any interest, estimate the current fair market of the interest owned. Do not repeat any details regarding the personal residence already provided above. Also, do not include details about retirement assets or life insurance. Information about those assets should be entered on pages 9 and 10.

Type of Asset Owned	Value Owned By Individual	Value Owned By Spouse	Value Owned Jointly
Real Estate (other than personal residence)			
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

<p>Bank Accounts</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Investments and Securities (marketable stocks, bonds, mutual funds)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Business Interests (family corporation or closely held stock, LLC's, partnerships)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Annuities</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Life Insurance</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Retirement Benefits</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

LEGAL DOCUMENTS AND OTHER INFORMATION

If either the Individual or the Spouse has previously prepared any of the following documents, indicate the date such document was signed and *bring copies of the documents to our initial meeting*.

Document	Date signed by Individual	Date signed by Spouse
Last Will and Testament		
Durable Financial Power of Attorney		
Living Will		
Advance Health Care Directive		
Living/Revocable Trust		
Any other Trusts		

If the Individual or the Spouse is a beneficiary of a Trust other than those identified above, provide details:

If either the Individual or the Spouse transferred assets to any Trust within the last five years, provide details:

If either the Individual or the Spouse anticipates receiving an inheritance, provide details:

Has the Individual or the Spouse transferred any of the following in the last 36 months:

- Total cash gifts of greater than \$3917 in any single month;
- Gifts of assets worth more than \$3917 in any single month;
- An item sold for less than fair market value?

If so, provide details about those transfers *on a separate page*. Describe the gift or asset transferred; identify the recipient; provide date of the transfer and the value of the transfer; and for any transfer for less than fair market value, describe any cash or asset received in return.

Date

Signature of Preparer