



LONG TERM CARE PLANNING QUESTIONNAIRE - SINGLE (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.

Individual

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

Identify the person preparing this form:

the Individual Another Person

If the person preparing this Questionnaire is someone other than the Individual, 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: _____

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 |

Identify any hospital in which the Individual 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: _____

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: _____

Policy #: _____

Premium: \$_____ per month

If the Individual has Long Term Care insurance, identify:

Company: _____ Company: _____

Policy #: _____ Policy #: _____

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

INCOME

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

Source of Monthly Income	Amount Per Month
Social Security	
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 the Individual owns a home, in whose name is the deed to the personal residence?

Individual Individual and Another

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

Name(s) _____ Relationship to Individual _____

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

Name(s) _____ Relationship to Individual _____

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 the Individual has any interest either individually or jointly with another, estimate the current fair market of the interest owned. Do not repeat any details regarding the personal residence already provided above.

Type of Asset Owned	Value Owned By Individual	Value Owned Jointly with Another
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>6. _____</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>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>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>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>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>

LEGAL DOCUMENTS AND OTHER INFORMATION

If the Individual 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

Last Will and Testament	
Durable Financial Power of Attorney	
Living Will	
Advance Health Care Directive	
Living/Revocable Trust	
Any other Trusts	

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

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

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

Has the Individual 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