

LONG-TERM CARE PLANNING WORKSHEET

Please complete this confidential worksheet and return it to us before our first planning conference. This is essential if we are to give you effective advice. Please attach additional pages as needed.

PERSONAL INFORMATION

Provide the following information about the person for whom long-term care planning advice is sought.

Individual

Name	
Date of Birth	
Place of Birth	
Soc. Sec. #	
Medicare #	
Mailing Address	
Check one:	<input type="checkbox"/> Own home <input type="checkbox"/> Rental <input type="checkbox"/> Facility
Telephone #	
Email Address	

Were you referred to our office by someone? Yes No

If so, would you like to share the name of the referral source? _____

May we send your referral source a thank you note? Yes No

If the person preparing this Worksheet is someone other than the Individual, indicate:

Name _____ Relationship to Individual _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

(Note: If serving as an Agent under a Power of Attorney of the Individual, be sure to provide a copy of the Power of Attorney).

FAMILY INFORMATION

If the individual was ever married, provide the following information:

Former Spouse _____ Date marriage ended _____
 Marriage ended in: divorce separation death of spouse

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

Name	Mailing Address	Phone #	Age

If the Individual was predeceased by a child who was survived by children who are grandchildren of the Individual, provide the names and approximate ages of those grandchildren:

Identify any children or others who are financially dependent on the Individual:

Identify any children, grandchildren, or other close friends or family of the Individual who suffer from any disability that affects their ability to work: _____

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: _____

Did the Individual serve in the armed forces? If so, what branch and when: _____

How was the Individual employed: _____

What is the approximate date of retirement: _____

HEALTH STATUS

Has the Individual been determined to be disabled by the Social Security Administration or the Veteran's Administration?

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 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: _____

MEDICAL INSURANCE

Does Individual have Medicare Part A? Yes No Effective Date: _____
 Medicare Part B? Yes No Effective Date: _____

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

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	Gross Amount Per Month
Social Security	
Employment	
Pension from: _____ Pension from: _____	
Interest income	
Dividends	
Rental income	
Business interest income	

Retirement Distributions (IRAs, 401(k)s, etc.)	
Annuity from: _____ Annuity from: _____	
Other income	

PERSONAL RESIDENCE

If the Individual owns a home, in whose name is the property titled (i.e., whose name is on the deed)?

- Individual Individual and Another

If the name of someone other than the Individual is on the deed, please provide a copy of the deed, if available. If not, please name the individual whose name is on the deed and his or her relationship to the Individual:

Name(s) _____ Relationship _____

If anyone lives with the Individual, please provide name and relationship:

Name(s) _____ Relationship _____

Indicate date and, if possible, purchase price of personal residence: _____

Estimate current fair market value of the personal residence: _____

If known, provide tax-assessed value of personal residence: _____

OTHER ASSETS

List any assets owned by the Individual, other than any personal residence identified above. For any asset in which the Individual has any interest, either individually or jointly with another, estimate the net worth to the Individual.

Type of Asset Owned	Value Owned By Individual	Jointly Owned?
Location of Real Estate (other than personal residence) in which the Individual has any interest		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____

<p>Bank Accounts – List banking institution, account number, and type (e.g., checking, CDs, money markets, savings, etc.)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Investments and Securities (e.g., marketable stocks, bonds, mutual funds, etc.)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Retirement Accounts (e.g., IRAs, 401(k)s, etc.)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Business Interests (family corporation or closely held stock, LLCs, partnerships)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Deferred Annuities</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>Life Insurance Policies</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>

If the Individual anticipates receiving an inheritance, settling a lawsuit, or otherwise collecting assets other than those listed above, provide details:

Has the Individual closed any accounts in the last five years?

List make and model of any motor vehicles titled in Individual's name. Is there any money owed on the motor vehicle?

Is anyone else's name on the title?

Does the Individual have a safe deposit box? If so, at what bank is the box held? What is being stored in the box?

Does the Individual have a mortuary trust? If so, at what funeral home?

TRUSTS, TRANSFERS, AND GIFTS

If the Individual is a beneficiary of any Trust, list the name of the trust and provide a copy of the trust document, if available:

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

Has the Individual given away or sold anything in the following categories in the last five years?

- A sale of an asset for less than the asset's fair market value?
- Gifts of cash in any three-month period, which, added together, totaled more than \$500?
- Gifts of assets in any three-month period, which, added together, had a value of more than \$500?

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.

LEGAL DOCUMENTS AND OTHER INFORMATION

If either 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	

Date: _____

Signature of Preparer: _____

*Updated 5/5/2017