

**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 (the “Individual”) and for the Individual’s Spouse:

	Individual	Spouse
Name		
Date of Birth		
Place of Birth		
Soc. Sec. #		
Medicare #		
Mailing 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 #		
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 or the Individual’s Spouse, 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 or Spouse, be sure to provide a copy of the Power of Attorney).

**FAMILY INFORMATION**

Indicate date of marriage: \_\_\_\_\_

If either the Individual or Spouse has been previously married, indicate how marriage ended:

Individual:  In divorce       In separation       In death of spouse  
Spouse:  In divorce       In separation       In death of spouse

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

Name	Mailing Address	Phone #	Age

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

\_\_\_\_\_

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

\_\_\_\_\_

Identify any children, grandchildren, or other close friends or family of the Individual or Spouse 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 or the Spouse serve in the armed forces? If so, what branch and when: \_\_\_\_\_

How was the Individual employed: \_\_\_\_\_

What is the approximate date of retirement: \_\_\_\_\_

How was the Spouse employed: \_\_\_\_\_

What is the approximate date of retirement: \_\_\_\_\_

**HEALTH STATUS**

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

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:  Always  Sometimes  Never  
Able to describe money and property:  Always  Sometimes  Never  
Able to name all immediate family:  Always  Sometimes  Never

Mental status of the Spouse: \_\_\_\_\_

*(Check any that apply, even if only from time to time)*

Recognizes family and friends:  Always  Sometimes  Never  
Able to describe money and property:  Always  Sometimes  Never  
Able to name all immediate family:  Always  Sometimes  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: \_\_\_\_\_ Source of payment: \_\_\_\_\_ Level of care:  Skilled care  
 Nursing care  
 Assisted living

Identify any facility in which the *Spouse* is currently residing: \_\_\_\_\_

Date of entry: \_\_\_\_\_ Source of payment: \_\_\_\_\_ Level of care:  Skilled care  
 Nursing care  
 Assisted living

**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

Does *Spouse* have Medicare Part A?  Yes  No Effective Date: \_\_\_\_\_

Medicare Part B  Yes  No Effective Date: \_\_\_\_\_

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  
(Gross Amounts Per Month)**

	<b>Individual</b>	<b>Spouse</b>
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 either the Individual or the Spouse owns a home, in whose name is the property titled (i.e., whose name is on the deed)?

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

If the name of someone other than the Individual or Spouse 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 or Spouse:

Name(s)	Relationship to Individual or Spouse
_____	_____
_____	_____
_____	_____
_____	_____

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

Name(s)	Relationship to Individual or Spouse
_____	_____
_____	_____
_____	_____
_____	_____

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: \_\_\_\_\_

Provide current loan balance of mortgage or line of credit on the personal residence, if applicable: \_\_\_\_\_

**OTHER ASSETS**

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

Type of Asset Owned	Value Owned By Individual	Value Owned By Spouse	Value Owned Jointly
<p>Location of Real Estate (other than personal residence) in which the Individual or Spouse has any interest</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>*Please indicate if any real estate has a mortgage or line of credit and provide the current loan balance.</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>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>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>Investments and Securities (e.g., marketable stocks, bonds, mutual funds, etc.)</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 Accounts (e.g., IRAs, 401(k)s, etc.)</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>

Business Interests (family corporation or closely held stock, LLCs, partnerships)  1. _____ 2. _____ 3. _____ 4. _____	\$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____	_____ _____ _____ _____
Deferred Annuities  1. _____ 2. _____ 3. _____ 4. _____	\$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____	_____ _____ _____ _____
Life Insurance Policies  1. _____ 2. _____ 3. _____ 4. _____	\$ _____ \$ _____ \$ _____ \$ _____	_____ _____ _____ _____	_____ _____ _____ _____

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

\_\_\_\_\_

\_\_\_\_\_

Has the Individual or the Spouse closed any accounts in the last five years? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List make and model of any motor vehicles titled in Individual or Spouse's name. Is there any money owed on the motor vehicle? Is anyone else's name on the title? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Does the Individual or the Spouse have a mortuary trust? If so, at what funeral home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**TRUSTS, TRANSFERS, AND GIFTS**

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

\_\_\_\_\_

\_\_\_\_\_

Has the Individual or Spouse 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 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	by Individual	by Spouse
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