

THE HERITAGE LAW GROUP

Susan I. Jean & Associates, PC

LONG TERM CARE QUESTIONS

Documents to bring with you, if applicable:

- The person's Will and/or trust
- The person's power of attorney
- Deeds to the person's real estate
- Most recent statements from financial accounts

Your name: _____ (person completing the form)

Address: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Information about the person who needs care:

Name: _____

Address: _____

Phone: _____ Date of birth: _____

Your relationship: _____

Information about the spouse of the person who needs care:

Name: _____

Address: _____

Phone: _____ Date of birth: _____

Is there a financial advisor? yes no Name: _____

May we contact him/her? yes no Institution: _____

Address/Phone: _____

Is there a tax professional? yes no Name: _____

May we contact him/her? yes no Institution: _____

Address/Phone: _____

Did this person (or the person's spouse) serve in the military? Yes No

Dates of service: _____

Do you have a long term care insurance policy? yes no

If so, bring it with you.

Special Needs/Health Concerns:

How did you hear about us? _____

If you were referred by an individual, may we thank him or her? Yes No

Name of Financial Institution and account	Person who needs care	Spouse	Joint with Spouse	Other	Beneficiary (if known)
Real Estate (Tax Assessed Value -- you can note mortgages under "debt")					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Life insurance - cash benefit values					
	\$	\$	n/a	n/a	
	\$	\$	n/a	n/a	
	\$	\$	n/a	n/a	
	\$	\$	n/a	n/a	
Vehicles, boats, items of significant value, etc.					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Business interests, notes receivable, other misc. assets					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Burial plots, funeral arrangements, etc.					
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Total Assets	\$	\$	\$	\$	

Debts Owed	Total Owed	Monthly Payment	Notes
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Gifts or Charitable Donations Given Over the Last Five Years	Approximate Value	Approximate Date	Notes
	\$		
	\$		
	\$		
	\$		

Real Property Sold Over the Last Five Years	Tax Assessed Value at Sale	Gross Sale Price	Approximate Date of Sale
	\$	\$	
	\$	\$	
	\$	\$	

Monthly Gross Income	Person who needs care	Spouse
Employment Income	\$	\$
Employment Income	\$	\$
Investment Income	\$	\$
Social Security	\$	\$
Social Security Disability	\$	\$
Civil Service Pension	\$	\$
Military Pension	\$	\$
VA Disability	\$	\$
Rental Income	\$	\$
Other	\$	\$
Total Monthly Gross Inc.	\$	\$

Estimated Monthly Medical Expenses	Person who needs care	Spouse
Medicare Premium	\$	\$
Supplemental Insurance Premium	\$	\$
Medicare Part D Premium	\$	\$
Recurring Prescriptions	\$	\$
Home Health Care	\$	\$
Nursing Home	\$	\$
Incontinence Supplies	\$	\$
Long Term Care Insurance Premium	\$	\$
Other	\$	\$
Total Monthly Medical Expenses	\$	\$