

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: _____

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

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Name:

Name of Financial Institution and account	Person who needs care	Joint with another person	Other	Beneficiary (if known)
Checking, Saving, Money Market, Accounts, CDs				
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Stocks & Bonds, Brokerage Acc'ts, Mutual Funds, Investments				
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Tax-qualified accounts (IRAs, 401(k)s, tax-qualified annuities, etc.)				
	\$	n/a	n/a	
	\$	n/a	n/a	
	\$	n/a	n/a	
	\$	n/a	n/a	
	\$	n/a	n/a	
	\$	n/a	n/a	

Name of Financial Institution and account	Person who needs care	Joint with another person	Other	Beneficiary (if known)
Real Estate (estimate fair market value - you can note mortgages under "debt")				
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Life insurance - cash benefit values				
	\$	n/a		
	\$	n/a		
	\$	n/a		
	\$	n/a		
Vehicles, boats, items of unusual value, etc.				
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Business interests, 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
Employment Income	\$
Employment Income	\$
Investment Income	\$
Social Security	\$
Civil Service Pension	\$
Military Pension	\$
Rental Income	\$
Alimony	\$
Other	\$
Total Monthly Gross Inc.	\$

Estimated Monthly Medical Expenses	Person who needs care
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	\$