

**LONG-TERM CARE PLANNING QUESTIONNAIRE
(MARRIED)**

This form is extremely important. Your accuracy and completeness in responding will help me represent you. Bring this information with you to our appointment.

Date: _____ File No.: _____

Home Phone No.: _____ Business Phone No.: _____

Cell Phone No.: _____ Fax No.: _____

E-mail Address: _____

A. CLIENT DATA**HUSBAND****WIFE**Full Name: _____ Full Name: _____
(print name as shown on your checks) (print name as shown on your checks)

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Birth Date: _____

Social Security No.: _____ Social Security No.: _____

U.S. Citizen? Yes NoU.S. Citizen? Yes NoVeteran? Yes NoVeteran? Yes NoIf you or your spouse is a Veteran, are you receiving Tricare? Yes No**B. MEDICAL DATA****1. HEALTH**

Name of Ill Spouse: _____

Diagnosis: _____

If Ill Spouse has entered a nursing home:

Name of Nursing Home: _____

Date Entered: _____

Name of Well Spouse: _____

Health of Well Spouse: _____

2. PHYSICIAN

Full Name of Husband's Primary Physician: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Full Name of Wife's Primary Physician: _____

Street Address: _____

City: _____ State: _____ Zip: _____

3. STATE PHARMACEUTICAL PLANS

 If you are a Pennsylvania resident, are you currently receiving benefits under PACE or PACE NET? Yes No

 If you are a Veteran, are you currently receiving prescription benefits from the Veteran's Administration? Yes No

C. MONTHLY INCOME

	HUSBAND	WIFE
Net Social Security Benefits	\$ _____	\$ _____
Medicare Part B Deduction	\$ 96.40 122.20 160.90 199.70 238.40	\$ 96.40 122.20 160.90 199.70 238.40
Co-pay Medicare Part D (if applicable)	\$ _____	\$ _____
Retirement Benefits (Gross)	\$ _____	\$ _____
VA Disability Benefit	\$ _____	\$ _____
Annuity Income	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____

If married, but separated, lower premium amounts will apply.

If there is a pension, please list the gross pension amount, including any monies taken out for federal income taxes, health insurance, or any other reason.

Do not include interest and dividend income on this form.

D. MONTHLY SHELTER EXPENSES
(Please divide annual expenses by 12, and quarterly expenses by 3).

Rent/Mortgage	\$ _____
Real Estate Taxes	\$ _____
Water	\$ _____
Sewer	\$ _____
Utilities (Heat, Electric, and Telephone) (1/12th of last 12 months)	\$ _____
Homeowner's insurance premium	\$ _____
Condominium fees	\$ _____
Total Monthly Housing Expenses	\$ _____

E. MONTHLY NON-SHELTER LIVING EXPENSES

Food	\$ _____
Medical	\$ _____
Clothing	\$ _____
Transportation (including auto insurance)	\$ _____
Home Maintenance	\$ _____
Life Insurance Premiums	\$ _____
Health Insurance Premiums	\$ _____
Cable TV	\$ _____
Federal and State Income Taxes	\$ _____
Other	\$ _____
Total Monthly Non-Shelter Living Expenses	\$ _____

F. GIFTS

Have you made any gifts in any one month to an individual or group of individuals within the past 60 months? Yes No If yes, list below:

Recipient: _____ Date: _____ Amount: \$ _____

Have you ever filed a Federal Gift Tax Return? Yes No

If yes, please state details: _____

G. CHILDREN (if applicable, include adult and minor children)**Name of Child:** _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Work Phone No.: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlockRelationship to Wife: Natural child Adopted Stepchild Child born out of wedlock**Name of Child:** _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Work Phone No.: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlockRelationship to Wife: Natural child Adopted Stepchild Child born out of wedlock**Name of Child:** _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Work Phone No.: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlockRelationship to Wife: Natural child Adopted Stepchild Child born out of wedlock

Name of Child: _____ Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Work Phone No.: _____

Date of Birth: _____ Social Security Number: _____

E-mail Address: _____

Relationship to Husband: Natural child Adopted Stepchild Child born out of wedlockRelationship to Wife: Natural child Adopted Stepchild Child born out of wedlock**Are all your children in good health?** Yes No - If no, _____**Are any of your children blind?** Yes No - If yes, _____**Are any of your children disabled?** Yes No - If yes, _____**Are any of your children receiving SSI or other form of government entitlement?** Yes No - If yes, _____

If yes, how much is the child's monthly payment? \$ _____

Is the child receiving Medicaid or Medicare? Medicaid Medicare**Do any of your family members have any problems with:**

AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug Addiction/Alcoholism	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spendthrift/Creditor Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marital Difficulty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do any of your children live in your home? Yes No

If yes, name of child: _____

Are you a contributor to a 529 Plan? Yes No

If yes, please attach a statement of the 529 account.

H. CONTACT PERSON

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Fax No.: _____

E-mail Address: _____ Cell No.: _____

I. MISCELLANEOUS

Do you have any other legal issues I should be aware of? Yes No

If yes, please explain: _____

J. REFERRAL

Who referred you to this office?

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____ Fax No.: _____

E-mail Address: _____ Cell No.: _____

Referral is: Attorney Financial Planner Previous Client of Anderson Elder Law, LLC

Doctor Social Worker Other: _____

Have you visited our Website at www.AndersonElderLaw.com? Yes No

Do you have any ideas for improving our Website? If so, please discuss.

K. CERTIFICATION

The undersigned hereby represents to Anderson Elder Law that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Person Preparing Form

Date

L. FINANCIAL SUMMARY

	<u>ASSETS</u>			<u>LIABILITIES</u>
	Husband	Wife	Joint	
Bank Accounts (attach copies of statements)	\$	\$	\$	\$
Real Estate (residence; attach copy of deed)	\$	\$	\$	\$
Real Estate (other; attach copies of all deeds)	\$	\$	\$	\$
Savings Certificates (CDs; attach copies of statements)	\$	\$	\$	\$
Stocks - Non Mutual Funds (Not Held by Broker; attach copies of all certificates)	\$	\$	\$	\$
Stocks - Non Mutual Funds (Held by Broker; attach copies of brokerage statements)	\$	\$	\$	\$
Bonds - Non Mutual Funds (Not Held by Broker; attach copies of all bonds)	\$	\$	\$	\$
Bonds - Non Mutual Funds (Held by Broker; attach copies of brokerage statements)	\$	\$	\$	\$
Mutual Funds (attach copies of statements)	\$	\$	\$	\$
Note and Mortgage Receivables (attach copies of Notes and Mortgages)	\$	\$	\$	\$

FINANCIAL SUMMARY – Cont'd.

	<u>ASSETS</u>			<u>LIABILITIES</u>
	Husband	Wife	Joint	
Business Interests (attach copies of stock certificates, partnership agreements, and/or other documentation)	\$	\$	\$	\$
Inheritance, etc.	\$	\$	\$	\$
Automobiles	\$	\$	\$	\$
Jewelry and Collections	\$	\$	\$	\$
Non-IRA Tax Qualified Retirement Plans (attach copies of statements)	\$	\$	\$	\$
IRAs (attach copies of statements)	\$	\$	\$	\$
Life Insurance (attach copies of all policies)	\$	\$	\$	\$
Annuities (attach copies of all policies)	\$	\$	\$	\$
Other Assets (attach copies of documentation pertaining to such assets)	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$