

Assisting Seniors, Helping Families

LONG TERM CARE QUESTIONNAIRE



## For Our information:

Do you want to sign up for our e-newsletter?
yes no
How did you get our name?
Name of Contact:
Address:
City, State, Zip:
Phone No.:
Email Address:

## **Long Term Care**

We take a look at a client's assets and make a plan detailing the best way to protect them and still be able to qualify for Medicaid.

There are some instances where gifting or transfers are possible, but not every instance.

A long-term care consultation is especially necessary when one spouse is going to a Nursing Home and the other isn't.

Our goal is to help you save as much of your nest egg as possible.

The consultation is tailored specifically for the client and covers continued legal counsel for 6 months.

Name of Applicant
Name of Facility:
Address:
City, State, Zip:
Social Security No
Date of Birth:
Name of Applicant Spouse:
Name of Facility:
Address:
City, State, Zip:
Social Security No
Data of Birth

PLEASE PROVIDE A COPY OF ALL LEGAL DOCUMENTS, POWERS OF ATTORNEY, WILLS, TRUSTS, ETC.

## What we need to know:

Retirement Income	Monthly Amount
SS/Pension/VA/SSI	
Spouse 1	
Spouse 2	
Real Estate Address	Value

WHEN APPLYING FOR MEDICAID, BE SURE TO REMEMBER THAT YOU WILL STILL HAVE AN OBLIGATION TO PAY SOMETHING TO THE NURSING HOME

## CAROL CAN HELP YOU FIGURE OUT WHAT THAT AMOUNT MAY BE

Bank Accounts/Bank	Checking/Savings	Balances

IRA's		Тур	e	Balance	S	
			I			
T				D 1		
Investments		Т	ype	Balanc	ces	
Annuities		Т	ype	Balances		
Mineral Rights L	oostion			Volue		
Willieral Rights L	ocation			Value		
Vehicles Make/Mo	del/Year			Value		
				I		
T'C T	0 1 77 1		T 77.1		T 2	
Life Insurance	Cash Value		Face Value		Term?	
Policies						

		·		·	
Burial/Funeral Policies	3	Provider		Face val	ue
	•	•	•		_

When you are ready to apply Medicaid will want to know the following information as well as any bank accounts that have been closed in the last 5 years.

Gifts Made in the Last 5	To Whom	How Much
Yrs.		