

Long-Term Care Planning Questionnaire

Name/relationship of person completing this form: _____

LONG-TERM CARE
CANDIDATE

SPOUSE (IF MARRIED)

Full name: _____

Birth date: _____

Citizenship: _____

Current Address: _____

Phone: _____

Email: _____

Supplemental Health
Insurance (if any) _____

Veteran Status: (Space
Bar will check box.)

Veteran?

Spouse is a Veteran?

Marital status:

married single widowed divorced

Care Setting:
(if applicable)

Assisted
Living

Adult Family
Home

Nursing
Home

Personal
Care at
Home

Name of Facility _____

Address _____

Date of Admission _____

Is Spouse also in Care? _____

IRAs/Other Retirement Accounts:

Company	Acct. Type (401k, IRA, Roth IRA, etc.)	Owner	Balance

Real Estate:

Location	Owner(s)	Fair Market Value

Real Estate Sold in the Past Five Years:

Location	Year of Sale	Sale Price	Sold for less than fair market value?

Vehicles/Boats/RVs:

Type	Year	Model	Value	Owe?

Other Assets:

Burial Plots Yes No Prepaid Funeral Plans Yes No

Income

Type	Long-Term Care Candidate	Spouse
Social Security		
Pension		
Other		
Other		
Other		

Shelter Expenses (Per Month)

Type	Long-Term Care Candidate	Spouse
Rent or Mortgage payments		
Condo or HOA Dues		
Property Taxes (annual ÷ 12)		
Utilities (approx..)		
Other shelter expenses		

Debts

Type	Self	Spouse
Mortgage(s)		
Home Equity Line of Credit		
Credit Cards		
Personal Loans		
Other		

Gifts Made in Last Five Years

To Whom	What (cash, vehicle, real estate?)	Date	Value

Estate Planning (if 'yes,' please provide a copy or bring to appointment):

- Last Will and Testament Yes No
 Community Property Agreement Yes No
 Durable Power of Attorney for Finances Yes No

Children (if applicable):

Name	Child of Long-Term Care Candidate? (Y/N)	Child of Spouse? (Y/N)