

Long Term Care Planning Survey Form

Note: If applicant is married, information is required for applicant AND spouse

Today's Date _____

SECTION 1: GENERAL INFORMATION

Name of Applicant _____

Home Address or Nursing Home Address _____

City _____ State _____ Zip _____

If in nursing home, date of admission _____

Date of birth _____ Soc Sec # _____

Spouse Information:

Name _____ Date of Marriage _____

Date of Birth _____ Soc Sec # _____ If deceased, date of death _____

Spouse Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email: _____

Alternate/2nd Address _____

City _____ State _____ Zip Code _____

Alternate Home Phone number _____

Name of Person/Company who referred you to this firm _____

May we thank the referral person? Yes No

Name, Address & Tel. No. of person filling out this form (if other than client)

Children of Applicant & Spouse (include children from prior marriages, if any):

Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (w/area code): _____ Work: _____ Cell: _____

Email _____

Children (continued):

Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (w/area code): _____ Work: _____ Cell: _____

Email _____

Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (w/area code): _____ Work: _____ Cell: _____

Email _____

Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (w/area code): _____ Work: _____ Cell: _____

Email _____

Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (w/area code): _____ Work: _____ Cell: _____

Email _____

Additional children or friends/relatives/others assisting in the long-term care planning process:

Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (w/area code): _____ Work: _____ Cell: _____

Email _____

Name _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (w/area code): _____ Work: _____ Cell: _____

Email _____

Please attach an additional sheet for additional children or contacts*

SECTION 2: ASSETS & FORM OF OWNERSHIP

Real Estate Home

Does applicant or spouse own his/her own home? Yes No *If yes, answer the following:*

Street Address _____

City _____ State _____ Zip Code _____

Approx Value: \$ _____ Total Mortgage Due \$ _____

Monthly Mortgage Payment \$ _____

Ownership: Applicant Applicant & Spouse Spouse Only
 Trust Applicant & Other: _____ Spouse & Other: _____

Other Real Property Owned

Street Address _____

City _____ State _____ Zip Code _____

Approx Value: \$ _____ Total Mortgage Due \$ _____

Monthly Mortgage Payment \$ _____

Ownership: Applicant Applicant & Spouse Spouse Only
 Trust Applicant & Other: _____ Spouse & Other: _____

Street Address _____

City _____ State _____ Zip Code _____

Approx Value: \$ _____ Total Mortgage Due \$ _____

Monthly Mortgage Payment \$ _____

Ownership: Applicant Applicant & Spouse Spouse Only
 Trust Applicant & Other: _____ Spouse & Other: _____

IRAs, 401Ks

	Bank or Brokerage	Acct #	Owner	Approx \$ Value
Acct #1			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse	
Acct #2			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse	
Acct #3			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse	
Acct #4			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse	

Bank Accounts (all accounts held in the past 60 months. Exclude IRA and retirement type accounts)

	Bank Name	Acct #	Account Type	Owner	Approx \$ Value	If closed date closed
Acct #1			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #2			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #3			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #4			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #5			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #6			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #7			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #8			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #9			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #10			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		

Annuities

	Company & Policy #	Approx \$ Value	Owner	Annuitant's Name
Annuity #1			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Trust	
Annuity #2			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Trust	
Annuity #3			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Trust	
Annuity #4			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Trust	

Life Insurance

	Company	Policy#	Owner	Insured	Face Value	Cash Surrender Value
Policy #1			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Trust			
Policy #2			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Trust			
Policy #3			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Trust			

Brokerage Accounts (those held past 60 months WITH a broker. Exclude IRA/Retirement Type)

	Broker Name	Acct#	Owner	Approx Value	If closed, date closed
Acct #1			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #2			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #3			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #4			<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		

Individually Held Stocks, Bonds, Mutual Funds (Exclude IRA/Retirement type)

	Stock/Bond/ Mutual Fund	Owner	Approx Value	If closed, date closed
Acct #1		<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #2		<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #3		<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #4		<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		
Acct #5		<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Applicant & Spouse <input type="checkbox"/> Applicant & Other <input type="checkbox"/> Spouse & Other <input type="checkbox"/> Trust		

Any other assets not listed above. Please provide type, ownership, value:

SECTION 3: TRANSFERS

Have you **given away/transferred** any assets or sold real property in the past 5 years?

Yes No *If yes, answer the following:*

	Type of Property/Asset	Value	Type of Transfer	Date of Transfer
Transfer #1			<input type="checkbox"/> Gift <input type="checkbox"/> Sale	
Transfer #2			<input type="checkbox"/> Gift <input type="checkbox"/> Sale	
Transfer #3			<input type="checkbox"/> Gift <input type="checkbox"/> Sale	
Transfer #4			<input type="checkbox"/> Gift <input type="checkbox"/> Sale	

SECTION 4: INCOME

	Soc Sec/Month	Pension/Month	Veterans Benefits/Month	Other Income/Month
Applicant				
Spouse				

SECTION 5: ADDITIONAL QUESTIONS

Does the **applicant or spouse** have a **CHILD** who is disabled or receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI)? Yes No

Regarding the Applicant:

Do you have long term care insurance? Yes No

Has prepaid funeral?..... Yes No

If yes, funeral director _____

Has burial plot? Yes No

Owns automobile? Yes No

Has safe deposit box? Yes No

Has healthcare proxy? Yes No

Has living will? Yes No

Has trust?..... Yes No

Has power of attorney?..... Yes No

If yes, who is agent? _____

Has Medicare? Yes No

If yes, ID # _____ *Part A* _____ *Part B* _____

Has private health insurance? Yes No

If yes, company: _____ *ID#* _____ *Premium/Month* _____

Veteran? Yes No

Expecting an inheritance?..... Yes No

US Citizen? Yes No

If applicant's spouse is deceased, was applicant's spouse a veteran? Yes No

Regarding the Spouse:

Veteran? Yes No

Expecting an inheritance?..... Yes No

Has Medicare? Yes No

If yes, ID # _____ *Part A* _____ *Part B* _____

Has private health insurance? Yes No

If yes, company: _____ *ID#* _____ *Premium/Month* _____

SECTION 6: YOUR COMMENTS & QUESTIONS

Please use this area for any additional information, comments or questions:
