

## 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/2<sup>nd</sup> 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:**

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**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* \_\_\_\_\_

A Veteran? .....  Yes  No

*If yes, dates of service:* \_\_\_\_\_

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:

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