

LONG TERM CARE PLANNING SURVEY

Information you provide to this office will be treated as confidential.

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First Middle

Also known as (if applicable): _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Date of Birth: _____ SSN: _____

Date of Admission to Nursing Home (if applicable) _____

SPOUSE INFORMATION (if applicable):

Full Name: _____
Last First M.I.

Address (if different): _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date of Birth: _____ Date of Death (if applicable): _____

CONTACT PERSON

Full Name: _____
Last First M.I.

Address (if different): _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

CHILDREN (if applicable):

Name: _____ Phone: _____

Address: _____

Date of Birth: _____

Name: _____ Phone: _____

Address: _____

Date of Birth: _____

Name: _____ Phone: _____

Address: _____

Date of Birth: _____

Name: _____ Phone: _____

Address: _____

Date of Birth: _____

Does the applicant have any children with a disability? YES NO

Does the applicant have any children that predeceased them? YES NO

ASSETS

LIST ALL REAL ESTATE (please bring tax bills and deeds to your consultation):

Address: _____ Name(s) on Deed: _____

Mortgage Amount: _____ Approximate Value: _____

Address: _____ Name(s) on Deed: _____

Mortgage Amount: _____ Approximate Value: _____

LIST ALL BANK ACCOUNTS (CHECKING ACCOUNTS, SAVING ACCOUNTS AND C.D.'S):

Financial Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Financial Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Financial Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

LIST ALL STOCKS NOT HELD WITH A BROKER:

Name of Stock: _____ Name on Account/Certificate: _____

Beneficiary (if listed): _____ Value: _____

Name of Stock: _____ Name on Account/Certificate: _____

Beneficiary (if listed): _____ Value: _____

Name of Stock: _____ Name on Account/Certificate: _____

Beneficiary (if listed): _____ Value: _____

LIST ALL SAVINGS BONDS:

Type of Bond: _____ Owner: _____

Beneficiary (if listed): _____ Value: _____

Type of Bond: _____ Owner: _____

Beneficiary (if listed): _____ Value: _____

Type of Bond: _____ Owner: _____

Beneficiary (if listed): _____ Value: _____

LIST ALL BROKERAGE ACCOUNTS (EXCLUDES IRA OR OTHER RETIREMENT ACCOUNTS):

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Advisor Name/Phone: _____ Advisor Name/Phone: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Advisor Name/Phone: _____ :

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Advisor Name/Phone: _____ :

LIST ANY RETIREMENT FUNDS (IRAS, 401KS, (403(B)S, ETC.):

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

LIST ANY ANNUITIES:

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

LIST ANY LIFE INSURANCE POLICIES:

Financial Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Financial Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

Financial Institution: _____ Name on Account: _____

Beneficiary (if listed): _____ Value: _____

LIST ALL VEHICLES (CAR, BOATS, TRAILERS, ETC.):

Make/Model: _____ Name on Title: _____

Approximate Value: _____

Make/Model: _____ Name on Title: _____

Approximate Value: _____

Any business interest/ownership?

YES NO

If yes, please list below:

Type: _____ Co-owner, if any: _____

Value: _____

Type: _____ Co-owner, if any: _____

Value: _____

Any collectibles (antiques, coins, jewelry, etc.)?

YES NO

If yes, please list below:

Type(s) of collectible: _____

Market Value: _____

Is any money owed to the Applicant (mortgage, personal loans, etc.) YES NO If yes, please list below:

Type of Loan: _____ Borrower: _____

Amount Owed: _____

Does the Applicant have any outstanding bills and or debts (medical, credit card, etc.)? YES NO If yes, please list below:

Type of Debt: _____

Amount Owed: _____

Type of Debt: _____

Amount Owed: _____

Any pending lawsuits? YES NO If yes, please list below:

Has the applicant given away/transferred any assets in the last 5 years? YES NO If yes, please list below:

Type of Asset: _____

Value: _____

Date of Transfer: _____

Type of Asset: _____

Value: _____

Date of Transfer: _____

INCOME

	Social Security	Pension	VA Benefits	Other Income
Applicant Monthly Income	\$	\$	\$	\$
Applicant Spouse Monthly Income	\$	\$	\$	\$

Does the applicant have:

Last Will and Testament?

YES NO

Trust?

YES NO

Power of Attorney?

YES NO

Health Care Proxy & Living Will?

YES NO

a safety deposit box?

YES NO

private health insurance or supplement?

YES NO

If yes, please provide company id #, premium and month:

Medicare Part A? YES NO

Medicare Part B? YES NO

Is the applicant a U.S. citizen? YES NO

Is the applicant or applicants' spouse a Veteran? YES NO

Is the applicant expecting an inheritance? YES NO

REQUESTED DOCUMENTS FOR LONG TERM CARE PLANNING

Below is a list of the documents that are needed in connection with your long term care planning matter:

- Birth certificate or Baptismal certificate or Naturalization Papers (if born outside the U.S.)
- Marriage Certificate
- Social Security Card, Medicare Card, Photo ID, Supplemental or Medicare HMO Card, and Medicare D Card (Front and back of card)
- Supplemental Health Insurance Premium Statement
- Death Certificate for spouse or divorce decree
- VA discharge papers (DD214)
- Copy of Power of Attorney
- Copy of Trust
- Copy of Last Will and Testament
- Car registration or title, and automobile insurance policy or proof of insurance card
- Copy of deed for any property owned and most recent property tax bill. This includes vacant land and timeshares. Closing Statements for any real property that has been sold or transferred in the past five (5) years
- Verification of all active savings accounts, checking accounts, CDs, stocks, bonds, IRAs, annuities, brokerage/investment accounts. Statements are needed for the past five (5) years for all accounts that that have been opened or closed within the applicable time. All pages of each statement must be provided.
- Copies of all checks written in the amount of \$2000.00 or more (\$3,000.00 or more for Westchester County) for the last five (5) years
- Income Verification letter from Social Security - This is a letter from Social Security verifying the amount of the applicant's Social Security income. If you do not have the one sent to you it may be obtained by calling the Soc. Sec. Administration at 1-800-772-1213, or online by going to <https://s044a90.ssa.gov/apps6z/BEVE/main.html>.
- Verification of Pension Income - You must provide a letter directly from the pension provider verifying the gross, net, and any anticipated changes in the pension (such as whether the pension is fixed or if payment may vary)
- Verification of gross monthly income from any other source (Letter from source required).
- Income tax returns (including 1099's) for the past five (5) years
- Life Insurance Policies - Current statements from company showing the death benefit and cash value
- Copies of any purchase or agreements or any prepaid funeral contracts and/or cemetery or mausoleum plots