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CLIENT INFORMATION ORGANIZER
LONG TERM CARE PLANNING

ESTATE PLANNING and ADMINISTRATION

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STEP 1

PERSONAL DATA

This questionnaire is intended to elicit preliminary information necessary to help us with estate and possible long term care planning pertinent to your particular circumstances. The more complete and accurate your responses, the better we will be able to serve you. Feel free to attach extra sheets if necessary.

Your Personal Data

Full Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Retirement Date _____

E-mail Address _____ ☐ It is okay to communicate with me via my E-mail address

Married? ☐ Yes ☐ No Date of Marriage _____ Existing Pre- or Postnuptial Agreement? _____

Veteran ☐ Yes ☐ No Branch of Service _____ Dates of Service _____

Serial No. _____ VA Claim No. _____

Do you have a financial Power of Attorney? ☐ Yes ☐ No Name of agent _____

Are to subject to a Guardianship or Conservatorship? ☐ Yes ☐ No

Name of Guardian or Conservator _____

Spouse's Personal Data

Full Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____
(Other names used to title property and accounts)

Prefer to be called _____ Birth date _____ SS# _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____

Business Telephone _____ Cell Phone _____

Employer _____ Position _____

E-mail Address _____ ☐ It is okay to communicate with me via my E-mail address

Veteran ☐ Yes ☐ No Branch of Service _____ Dates of Service _____

Serial No. _____ VA Claim No. _____

Do you have a financial Power of Attorney? ☐ Yes ☐ No Name of agent _____

Are to subject to a Guardianship or Conservatorship? ☐ Yes ☐ No

Name of Guardian or Conservator _____

STEP 1

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If You or Your Spouse is Currently in a Health Care Facility

Name of Person in facility _____

Name of Facility _____

Address _____ City _____ State _____ Zip _____

Type of facility _____ Phone _____

Date of Admission _____ Level of care _____

If entered this facility from another health care facility:

Date of his or her admission to the initial facility _____

Current source of payments for health care facility charges _____

_____

Your General Health Overview

Mental Health Status _____

_____

_____

Physical Health Status _____

_____

_____

Spouse's General Health Overview

Mental Health Status _____

_____

_____

Physical Health Status _____

_____

_____

STEP 2

FAMILY INFORMATION

Identify all children.

Special Note When Identifying Children: For "Children" use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent, "S" if a single parent.

Name	Birth date	Relationship to you	Marital Status
1			
2			
3			
4			
5			
6			
7			
8			

Please use the back of this page for additional children.

Do any of the above individuals have special educational, medical or physical needs, receive governmental benefits or have any extraordinary personal or financial needs? ☐ Yes ☐ No

If yes, please describe _____

_____

_____

Is anyone (other than your spouse) dependent upon you or your spouse for support? ☐ Yes ☐ No

If yes, please identify the person, and provide a general overview as to the reason for, and extent of, support provided

_____

_____

_____

_____

_____

_____

STEP 3

RESOURCES AND ASSETS

Determining the ownership, value and character of your assets is important to your Medicaid and estate plan. The title "ownership" is important for tax and transfer matters. The "value" will be significant in determining potential liability. The "character" is relevant in assessing the manner by which the asset can transfer. Complete the questions below for you and your spouse.

Asset Information
The financial values listed are for discussion purposes only. A more accurate list will be obtained at a later date if necessary. You may use the back of this paper to continue a list in each category of asset.

To identify the Owner of an asset, use "JTS" for joint ownership with spouse; "JTO" for joint ownership with non-spouse; "H" for Husband as sole owner; "W" for Wife as sole owner; or "T" if owned by a trust that you have created.

Bank and Savings Accounts: To identify type of account, use "CA" for checking account; "SA" for savings account; "CD" for certificate of deposit; "MM" for money market account.

Personal Residence:

Location _____

Owned: ☐ Yes ☐ No Rented: ☐ Yes ☐ No

Owner(s)	Form of Ownership	Estimated Fair Market Value	Estimated Mortgage Balance

Did you transfer or gift your residence in the last 5 years? ☐ Yes ☐ No

If you did transfer or gift your residence, did you retain a life estate? ☐ Yes ☐ No

Is there a child that has lived in the residence for at least 2 years? ☐ Yes ☐ No

If yes, has the child provided personal care (care that might have kept the parent(s) out of long term care) to the parent(s)? ☐ Yes ☐ No

If the record owner is a sibling, has that sibling lived in the residence for at least one year? ☐ Yes ☐ No

Does the sibling have an equity interest in the home, (did the sibling pay for his or her interest in the home)? ☐ Yes ☐ No

Other Real Property:

Location	Owner(s)	Form of Ownership	Estimated Fair Market Value	Estimated Mortgage Balance

STEP 3

RESOURCES AND ASSETS (CONTINUED)

Personal Property: List furniture, furnishing, and any household effects of special value (china, silver, antiques, works of art, collections, etc.)

Description	Owner	Market Value	Current Balance of Indebtedness
1.			
2.			
3.			
4.			

Automobile(s):

Description	Owner	Market Value	Current Balance of Indebtedness
1.			
2.			
3.			

Banking and Financial Assets:

Bank Accounts:

Financial Institution	Type	Owner	Account number	Balance
1.				
2.				
3.				
4.				

IRA(s):

Owner	Type	Owner	Account Number	Beneficiary	Balance
1.					
2.					
3.					
4.					

STEP 3

RESOURCES AND ASSETS (CONTINUED)

CD(s):

Owner	Type	Owner	Account Number	Beneficiary	Balance
1.					
2.					
3.					
4.					

Mutual Funds:

Broker or Agent	Type	Owner	Account number	Balance
1.				
2.				
3.				
4.				

Annuities

Financial Institution	Type	Owner	Account number	Balance
1.				
2.				
3.				
4.				

Life Insurance:

Insurance Company	Owner	Type	Policy Number	Beneficiary	Cash Value
1.					
2.					
3.					
4.					

STEP 3

RESOURCES AND ASSETS (CONTINUED)

Long Term Care Insurance:

Insurance Company	Owner	Type	Policy Number	Beneficiary	Cash Value
1.					
2.					
3.					
4.					

Bonds—Savings or Other:

Bond Type	Owner	POD	Description	Bond #	Market value
1.					
2.					
3.					
4.					

Stocks

Name of Stock Certificate/Book	Owner	# of shares	CUSIP	Unit Value/Share
1.				
2.				
3.				
4.				

Retirement Accounts (i.e. 401(k)'s, 403(b)'s, Profit Sharing):

Owner	Type	Account #	Beneficiary	Balance
1.				
2.				
3.				
4.				

STEP 3

RESOURCES AND ASSETS (CONTINUED)

Other assets:
Please indicate any accounts that have been closed in the last 60 months:

Description	Owner	Market Value	Current Balance of Indebtedness
1.			
2.			
3.			

Financial Institution _____ **Account #:** _____

Owner(s) _____ **Amount:** _____

Where did the funds go? _____

Financial Institution _____ **Account #:** _____

Owner(s) _____ **Amount:** _____

Where did the funds go? _____
(use back this page if additional space is needed)

Do either you or your spouse expect to inherit significant property or have a "power of appointment" under anyone else's will or trust? ☐ Yes ☐ No
If yes, please explain _____

List your own and your spouse's debts, if any, other than any mortgage:

Description	To whom owed	Current Balance of Indebtedness
1.		
2.		
3.		
4.		

Are either you or your spouse the beneficiary of any trust? ☐ Yes ☐ No
If yes, please enclose a photocopy of a signed version, if available, or provide whatever information you can on the terms and conditions of the trust, identity of the current trustee, amount of principal, etc.

STEP 3

RESOURCES AND ASSETS (CONTINUED)

Is any of the property or income of you or your spouse the subject of a legal proceeding or ownership dispute, under a lien or court order, or is otherwise inaccessible or non-marketable? ☐ Yes ☐ No

If yes, please explain briefly: _____

_____

In the past five years, have you or your spouse transferred, loaned, sold, traded or given away anything of value such as vehicles, money, property or other assets? ☐ Yes ☐ No

Item	Date sold, traded or given away	Name of person who sold, traded or gave away item	Name of person item was sold, traded or given to	Relationship to person who sold, traded or gave item
1.				
2.				
3.				

In the last five years, were any of your funds or your spouse's fund or property placed in trust for you, your spouse, or anyone else? ☐ Yes ☐ No

Date trust established	Value	Name of Trustee	Address of Trustee
1.	$		
2.	$		
3.	$		

STEP 4

INCOME

Determining the income sources you and your spouse have, or are entitled to, will determine if you are eligible for Medicaid. Please list amount of income. If not received monthly, indicate how often.

Income Source	Received	Husband	How often Received	Wife	How often Received
1. Social Security	☐ Yes ☐ No				
2. SSI	☐ Yes ☐ No				
3. Veterans Benefits	☐ Yes ☐ No				
4. Railroad Retirement	☐ Yes ☐ No				
5. Civil Service Annuity	☐ Yes ☐ No				
6. Other Pension	☐ Yes ☐ No				
7. Annuities	☐ Yes ☐ No				

STEP 4

INCOME (CONTINUED)

Determining the income sources you and your spouse have, or are entitled to, will determine if you are eligible for Medicaid. Please list amount of income. If not received monthly, indicate how often.

Income Source	Received	Husband	How often Received	Wife	How often Received
8. Trusts	☐ Yes ☐ No				
9. Insurance Payments	☐ Yes ☐ No				
10. IRA/KEOGH Payments	☐ Yes ☐ No				
11. Lease Income	☐ Yes ☐ No				
12. Rental Income	☐ Yes ☐ No				
13. Contract for Deed Payments	☐ Yes ☐ No				
14. Contributions from Others	☐ Yes ☐ No				
15. Gross Earning from Employment	☐ Yes ☐ No				
16. Self-employment Earnings	☐ Yes ☐ No				
17. Alimony Payments	☐ Yes ☐ No				
18. Mineral/timber rights income	☐ Yes ☐ No				
19. Income from Life Estate	☐ Yes ☐ No				
20. Any other income	☐ Yes ☐ No				

STEP 5

SPECIAL CIRCUMSTANCES

If a spouse is in a medical facility, please answer the following questions, as the at home spouse may be entitled to support for living expenses.

How much to pay each month for:

Rent: $_____

Mortgage: $_____

Property Taxes: $_____

Homeowner's or Tenant's Insurance: $_____ (Include any condo fees)

Required Maintenance Charges: $_____

If you live in an apartment or condominium and have to pay separately for utilities, what is the average cost per month?

Heat: $_____

Electricity: $_____

Natural Gas: $_____

Phone: $_____

STEP 6

ABOUT YOUR GOALS & OBJECTIVES

It is important to us to better understand what prompted you to schedule this appointment. Do not focus on the tools to be used but rather on the outcomes to be achieved.

Goals	Consequences if Goal Is Not Accomplished
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Additional Documentation

General Document Request. In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the initial interview copies of existing planning documents, including wills, trusts, powers of attorney, health care directives, etc.