

THE ELDER LAW FIRM OF
ROBERT CLOFINE
340 PINE GROVE COMMONS
YORK, PENNSYLVANIA 17403-5193

TELEPHONE
717-747-5995
FACSIMILE
717-747-5996
WEBSITE
www.estateattorney.com

LONG-TERM CARE PLANNING WORKSHEET

Please complete this form to the best of your ability and bring it with you to our initial meeting. If you have scheduled the meeting for another person, such as your parents, please complete the worksheet using their information (and not yours). If you are not married, just ignore the information requested for the spouse.

The information requested is relevant to effective planning and having the information gathered here will help to make your appointment more productive and therefore save you both time and money. If you need assistance completing the information, call our office and we will help you.

DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN

DOCUMENTS TO BE BROUGHT TO FIRST CONFERENCE

If available, we would like you to bring a recent **photograph** of yourself and your family to our first meeting. We like to make this photo part of our file. In addition, please bring copies of any of the following documents which are relevant:

1. Any existing wills, powers of attorney, living wills, trusts or other estate planning documents.
2. All Federal gift tax returns that either spouse may have filed.
3. Any pre-nuptial, post nuptial or marital settlement agreement where either spouse has a continuing obligation.
4. Beneficiary designations for life insurance policies and for IRAs and employer retirement plans.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL

WE LOOK FORWARD TO SEEING YOU!

NOTE: Although this form requests information regarding both spouses, and other family members, this is not meant to imply that an attorney should, or can, in all situations provide such services for both spouses, or for other family members. Each situation must be considered individually. However, even when representing one spouse, information regarding the overall family situation is important so that the worksheet should still be completed to the extent possible.

Long-Term Care Planning Worksheet

Date: _____

General Information

YOU:

NAME: _____

OTHER NAMES USED/MAIDEN NAME: _____

HOME ADDRESS: _____

OTHER RESIDENCES: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

EMPLOYER/POSITION: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

PLACE OF BIRTH: _____

CITIZENSHIP: _____

MARITAL STATUS: _____

SPOUSE (if applicable. If spouse is deceased, please provide name and date of death):

NAME: _____

RESIDENCE IF OTHER THAN YOURS: _____

OTHER NAMES USED/MAIDEN NAME: _____

CITIZENSHIP: _____

EMPLOYER/POSITION: _____

PLACE OF BIRTH: _____

WHO REFERRED YOU TO OUR OFFICE? _____

FAMILY PROFILE

	<u>NAME</u>	<u>MARITAL STATUS</u>	<u>NO. OF CHILDREN</u>	<u>DATE OF BIRTH</u>	<u>OCCUPATION</u>	<u>SOCIAL SECURITY NUMBER</u>
YOU	_____	_____	_____	_____	_____	_____
SPOUSE	_____	_____	_____	_____	_____	_____
CHILDREN AND DECEASED CHILDREN (include address if other than yours, and note if child is deceased or adopted)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

Are any of your children disabled? _____

If so, please name that child: _____

Assets

Note: Please show the approximate value of the following assets in the appropriate column. Feel free to prepare supplementary schedules to provide further details with respect to any of the following categories.

	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
Cash, Bank Accounts and Money Market Funds	_____	_____	_____
Certificates of Deposit	_____	_____	_____
Bonds and Bond Funds	_____	_____	_____
Stocks and Mutual Funds	_____	_____	_____
Annuities	_____	_____	_____
Residence	_____	_____	_____
Second Homes	_____	_____	_____
Investment Real Estate	_____	_____	_____
Closely Held Businesses (sole proprietorship, partnerships, corporations)	_____	_____	_____
Retirement plans (including IRAs) (Complete supplemental information on page 5)	_____	_____	_____
Life Insurance (Complete supplemental information on page 7)	_____	_____	_____
Interests in Estates or Trusts	_____	_____	_____
Prepaid Funeral	_____	_____	_____
Home Furnishings	_____	_____	_____
Automobiles	_____	_____	_____
Collections	_____	_____	_____
Miscellaneous Assets (identify if significant)	_____	_____	_____
TOTALS	_____	_____	_____

Supplemental Information Regarding Retirement Plans

	<u>IRA</u>	<u>IRA</u>	<u>Pension</u>	<u>Profit Sharing</u>
Participant	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____
Present Value	_____	_____	_____	_____

Liabilities

	<u>Debt #1</u>	<u>Debt #2</u>	<u>Debt #3</u>	<u>Debt #4</u>
Creditor	_____	_____	_____	_____
Amount of Debt	_____	_____	_____	_____
Assets Encumbered (if any)	_____	_____	_____	_____

Income

Please provide the following information regarding the *monthly* income of you and your spouse:

<u>Source</u>	<u>You</u>	<u>Spouse</u>
Work earnings	_____	_____
Social Security Retirement	_____	_____
Social Security Disability	_____	_____
Supplemental Security Income	_____	_____
Veterans' benefits	_____	_____
Private pension	_____	_____
Annuity	_____	_____
Interest and dividends	_____	_____
Other income (_____)	_____	_____

Long Term Care Insurance

Do you have Long Term Care Insurance? _____. If yes, please bring your policy.
 If yes, how much does it pay? _____ How long does it cover you? _____

Living Expenses

If long-term care for your spouse seems necessary, please answer the following questions, as you may be entitled to support for living expenses:

How much do you pay each *month* for:

- \$ _____ rent
- \$ _____ mortgage (including principal and interest)
- \$ _____ property taxes (divide annual amount by 12)
- \$ _____ homeowner's or tenant's insurance (divide annual amount by 12)
- \$ _____ required maintenance charges for condominiums only

Health Insurance

	<u>You</u>	<u>Spouse</u>
Medicare	_____	_____
	Number	Number
Insurance from employer/Veterans	_____	_____
Medicare supplement	_____	_____
Indicate type of Plan (A,B,C,D,E,F,G,H,I,J)		
Long-Term Care Insurance	_____	_____
Other (Medicare Part D drug plan etc.)	_____	_____
How much do you pay for your Medicare supplement? _____		(per month/quarter)
What type of prescription drug coverage do you and/or your spouse have? (PACE, PACENET, VA coverage, Medicare Part D, Medicare Advantage plan, etc.):		

Advisors

<u>Name and Address</u>	<u>Telephone No.</u>
Accountant: _____	_____
Life Insurance Agent: _____	_____
Investment Advisor: _____	_____
Other Attorney: _____	_____
Physician: _____	_____
Other Consultant or Advisor: _____	_____

LIFE INSURANCE

Policy Owner	Insured	Insurance Company & Policy Number	Death Benefit	Accidental Death Benefit, if any	Type of Policy	Annual Premium	Cash Value/ Policy Loan	Policy Beneficiary

Additional Information

1. If you or your spouse were married previously, indicate to whom, when and how marriage was terminated, whether there were children of such marriage and whether there are any continuing rights or obligations arising pursuant to any property settlement agreement or divorce decree.
2. Where and when did your current marriage occur?
3. In what states have you resided during your marriage?
4. Have you and your spouse entered into a pre-nuptial or post-nuptial agreement?
5. Has either spouse filed gift tax returns or made any gifts (outright or in trust) exceeding the annual gift tax exclusion (\$14,000 in 2015 and \$10,000 in prior years) per year to any person?
6. Does either spouse expect a significant inheritance or is either spouse the beneficiary of a trust created by someone else? If so, please bring a copy of the trust.
7. In general, how do you want your estate distributed among your beneficiaries?
8. To what degree is each spouse capable of managing financial affairs?
9. Is there anyone other than your spouse and children for whom you are financially responsible or to whom you or your spouse wish to leave a part of your estate?
10. Is anyone (other than your spouse) dependent upon you for support? If so, please identify the person, and provide some general information as to the reason for, and extent of, support provided.
11. Do any potential beneficiaries of your estate have any physical or mental disabilities or extraordinary needs?
12. Is any of the property or income of you or your spouse the subject of a legal proceeding or ownership dispute?

13. Do you have any specific preferences as to funeral, burial and/or anatomical bequests?
14. Within the past 5 years, have you or your spouse made any large gifts (\$500 or more in value), placed any property into trust, transferred any real estate or other property for less than fair market value, or removed or added names to joint accounts? If yes, we will need to know the date and the amount of each gift or transfer.
15. Are you or your spouse a veteran? If so, please provide branch and dates of service?
16. Does a child, parent, sibling, or other family member currently live in your home?
17. Have you or your spouse ever been in a nursing home? If so, please provide name of nursing home and dates?
18. Have you or your spouse ever received Medical Assistance (Medicaid) benefits?
19. Do you or your spouse have a safe deposit box? If so, where is each located, and in what name or names is each maintained?
20. Where are your insurance policies kept?
21. Where are original wills and other important papers kept?
22. Do you wish to discuss Powers of Attorney or instructions regarding medical treatment (Living Wills)?
23. If your future medical condition made it necessary to place you in a nursing home, would you want your family to conduct "Medicaid planning", by giving your assets to loved ones, so that you could qualify for Medicaid and protect assets for your family?