



NATIONAL ELDER CARE LAW

ASSET PROTECTION PLANNING QUESTIONNAIRE PRIMARY CONTACT INFORMATION

Name:	
Address:	
City, State, Zip:	
Telephone:	
Facsimile:	
E-Mail:	

A. CLIENT PERSONAL DATA

(Husband) _____ (Wife)
Full Name _____ Full Name _____

Street Address _____

City _____ State _____ Zip _____

(Husband) _____ (Wife)
Birth Date _____ Birth Date _____

U. S. Citizen? Yes No U. S. Citizen? Yes No

Veteran? Yes No DATES OF SERVICE Veteran? Yes No

B. MEDICAL DATA

Name of Ill Spouse _____

Diagnosis _____

Prognosis _____

Course of Treatment _____

Residence of Ill Spouse Home Nursing Home Assisted Living Facility

Name of Well Spouse _____

Health of Well Spouse _____

Residence of Well Spouse Home Nursing Home Assisted Living Facility

If either spouse has already entered a nursing home, please indicate the name of the nursing home and the first date entered on a continuous basis _____

C. MONTHLY INCOME

	Husband's Monthly Income	Wife's Monthly Income
Social Security Benefits	\$ _____	\$ _____
Retirement Benefits (Gross)	\$ _____	\$ _____
VA Disability Benefit	\$ _____	\$ _____
Annuity Income	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____
Total Monthly Income	\$ _____	\$ _____

Do not include interest and dividend income on this form.

If there is a pension, please list the gross pension amount, including any monies taken out for federal income taxes, health insurance, or any other reason.

D. MONTHLY COST OF CARE

- \$ _____ Monthly Facility Cost
- \$ _____ Monthly Incidental Cost
- \$ _____ Monthly Prescription Cost
- \$ _____ Monthly Other Cost
- \$ _____ **Total Monthly Costs**

The cost of care is paid through _____ (month/year).

E. ASSETS/LIABILITIES

(Please insert the value of each asset/liability in the appropriate space.)

Asset	Husband	Wife	Joint	Liabilities
AUTOMOBILE				
ADDITIONAL AUTOMOBILE				
CHECKING ACCOUNT				
SAVINGS ACCOUNT				
MONEY MARKET ACCOUNT				
CERTIFICATES OF DEPOSIT				
RESIDENCE				
MUTUAL FUNDS				
STOCKS				
BONDS				
ANNUITIES				
IRA / 401K ETC				
OTHER REAL ESTATE				
OTHER				
OTHER				
TOTALS				

Total countable resources as of the first continuous period of institutionalization: \$ _____

F. LIFE INSURANCE/ LONG TERM CARE INSURANCE

COMPANY NAME (include address and policy No.)	TYPE	DEATH BENEFIT VALUE	FACE VALUE	CASH VALUE	INSURED	OWNER	BENEFICIARY

It is very important to know the cash value and the death benefit of your life insurance policy. To obtain the cash value of the policy, please call your insurance agent, or call the insurance company directly.

G. GIFTS

Please list gifts made in excess of \$100.00 in any one month, to an individual or group of individuals, within the past 60 months:

Recipient _____ Date _____ Amount _____

Recipient _____ Date _____ Amount _____

Recipient _____ Date _____ Amount _____

Recipient _____ Date _____ Amount _____

Have you ever filed a Federal Gift Tax Return? Yes No

If so, please state details _____

H. CHILDREN (if applicable)

CHILD'S NAME	ADDRESS (With Zip Code)	TELEPHONE NUMBER	DATE OF BIRTH

Are all of your children in good health? Yes No

Are any of your children receiving SSI or other forms of government entitlement? Yes No

Do any of your children live with you in your home? Yes No

I. CERTIFICATION

The undersigned hereby represents to Elder Care Law that the information contained in this intake form is accurate and complete, and that the undersigned understands that Elder Care Law will rely on this information for purposes of developing a Medicaid Asset Protection plan. The undersigned hereby further understands that if information is omitted from this intake form, whether intentionally or unintentionally, that the information omitted may have a direct, and negative, impact on Medicaid eligibility.

Dated: _____

Signature of Client or Client Representative:

Once completed, please return this form to:

Elder Care Law

elderlaw@eldercarelegacy.com



Phone: 1-888-953-4229 | Facsimile: (866)823-0490

Or make an appointment request online at

www.eldercarelegacy.com

Elder Care Law is a professional limited liability company. Elder Care Law, by means of this letter, is not offering legal advice. With respect to the material contained in this letter, some of the material may be affected by current and future changes in law. For those reasons, the accuracy and completeness of such information, and the opinions of its author, are not guaranteed. In addition, because of the complexity and interrelationship of various areas of law which are presented in this letter, from which there may be certain exceptions or limitations, the strategies and plans outlined in this letter may not be suited for every individual.