



Personal and Contact Information		Client		Spouse (If Applicable)
1	First Name			
2	Middle Name			
3	Last Name			
4	Birth Date			
5	Current Age			
6	Home Phone			
7	Cell Phone			
8	Email			
9	Street Address			
10	Second Address Line			
11	City			
12	State			
13	Zip			
14	Family Representative Name			
15	Caregiver Name			
<b>Children Names</b>		<b>Phone</b>	<b>Age</b>	<b>Street Address, City and State</b>
16				
17				
18				
19				
20				

Plans, Preparations and Goals		Client		Spouse	
		Yes	No	Yes	No
	<b>TYPE AN "X" TO ANSWER</b>				
21	Do you own your own home?				
22	If you own your home are you considering any major home improvements or repairs?				
23	If you own your home are you considering securing a home equity loan?				
24	Do you already have a home equity loan or other mortgage debt?				
25	Do you have revolving credit, personal loans or credit card debt you would like to reduce?				
26	If you own your home do you currently have a reverse mortgage?				
27	Do you want your children to inherit your remaining investments and savings?				
28	Do you want your remaining investments and savings to go to someone else at your death?				
29	If you own your home do you want to pass it on at your death?				
30	Do you have an investment property, business or farm to pass on at your death?				
31	Are you familiar with the asset impoverishment rules for Medicaid?				
32	Do you have a plan in place to protect assets from Medicaid seizure?				
33	Do you own life insurance policies with more than \$50,000 of combined death benefit?				
34	Do any or all of your life insurance policies have cash value?				
35	Are you familiar with Medicaid impoverishment rules for life insurance cash value?				
36	Do you have a plan in place to protect your life insurance from Medicaid seizure?				
37	Have you gifted any of your assets to other than your spouse within the last five years?				
38	Have you changed the title on your home or other real property in the last five years?				
39	Do you have prepaid funeral arrangements?				
40	Do you have a cemetery plot?				
41	Have you provided written instructions for your funeral and burial?				
42	Have you designated which of your special keepsakes your heirs will receive?				
43	Have you expressed your wishes to your family about how and where you want to die?				
44	Will children of one or more previous marriages receive an inheritance from you?				
45	Will stepchildren of your current marriage receive an inheritance from you?				
46	Do you have a will?				
47	Have you discussed your will with an attorney in the last three years?				
48	Do you have a living (family or inter vivos) trust?				
49	If you have a living trust, have you reviewed it within the last three years?				
50	Are you concerned about the use of heroic measures to keep you alive?				
51	Do you have a living will (directive to prevent life-sustaining support)?				
52	Do you have a directive to physicians for specific medical care in the event of incapacity?				
53	Do you have an irrevocable trust?				
54	If you have an irrevocable trust, have you reviewed the provisions in the last five years?				
55	Do you have someone to act on your behalf if you cannot make decisions for yourself?				
56	Have you created a <u>general</u> or <u>durable</u> power of attorney agent (POA) to act on your behalf?				
57	Do you have long-term care insurance?				

58	Is your homeowners or automobile insurance too expensive for you?				
59	Would you like a review of homeowners or automobile insurance for adequate coverage?				
60	Do you feel like you are spending too much money on your Medicare supplement policy?				
61	If you have a Medicare Advantage plan are you satisfied with it?				

Planning for Eldercare (Long Term Care)		Client		Spouse	
		Yes	No	Yes	No
<b>If this survey <u>does not</u> apply to either client or spouse, leave it blank.</b>		Yes	No	Yes	No
<b>TYPE AN "X" TO ANSWER</b>					
62	Needs help or standby supervision with dressing or putting on or off prosthetics or orthotics				
63	Needs help or standby supervision moving from place to place				
64	Needs help or standby supervision getting out of bed or getting ready for bed				
65	Needs help or standby supervision toileting, bathing or showering				
66	Needs help or standby supervision with incontinence				
67	Needs help with grooming, personal hygiene or keeping himself or herself clean				
68	Cannot feed himself or herself without someone actually putting the food into the mouth				
69	Needs supervision to prevent wandering, falling or other personal injuries				
70	Needs supervision to prevent property damage or injury to self or injury to others				
71	Needs supervision or constraint because of unmanageable behavior				
72	Diagnosed with Alzheimer's or other form of dementia				
73	Needs meals prepared by others due to inability or forgetfulness to do so				
74	Needs medication management due to forgetfulness or confusion				
75	Cannot leave the residence due to mental or physical condition				
76	Needs assistance with shopping, errands, laundry service, housecleaning or transportation				
77	Needs someone to answer the phone, pay bills or help with financial decisions				
78	Requires a scooter or wheelchair to ambulate				
79	Needs medical alert or health monitoring equipment				
80	Needs frequent skilled care from a doctor, medical practitioner, physical therapist or nurse				
81	Anticipates or currently receives care at home or home of a family member or friend				
82	If care is provided in the home, a family member or friend will or does provide part or all of it				
83	If care is provided in the home, a care provider company will or does provide part or all of it				
84	Anticipates moving into a long-term care facility in the near future				
85	Currently receives long term care assistance in an independent living facility				
86	Currently receives long term care in an assisted living facility				
87	Currently receives long term care in a nursing facility				

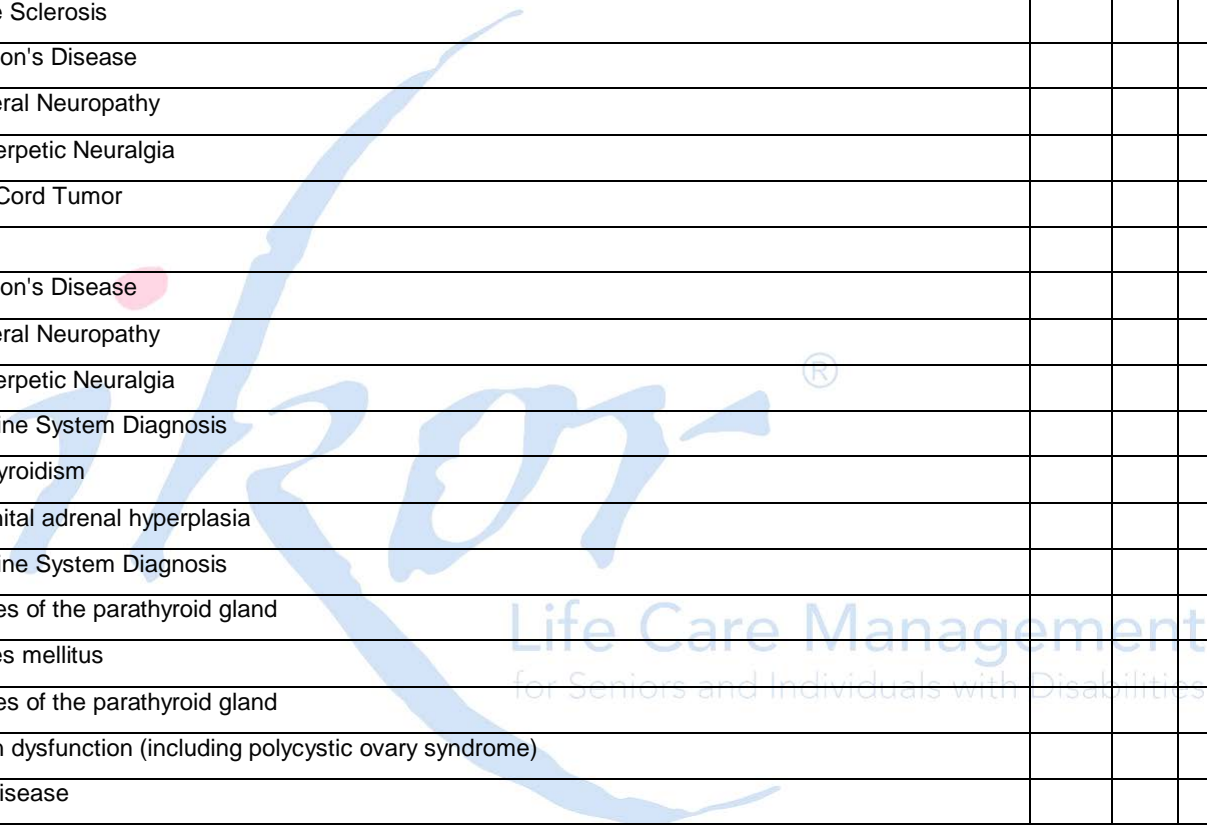
Income Assets, Costs (Combined Household- Client and Spouse)		Client	Spouse
If this survey <b>does not</b> apply to either client or spouse, leave it blank.			
<b>TYPE AN "X" TO ANSWER</b>			
88	Combined monthly gross household income		
89	Combined household value of taxable or tax-exempt investments, checking and savings		
90	Combined household value of tax-deferred annuities		
91	Combined household value of IRAs, tax-sheltered annuities or other tax qualified accounts		
92	Combined total cash value of all life insurance policies		
93	Current market value of the personal residence		
94	Combined household value of investment properties not including the personal residence		
95	Combined total of home equity debt – mortgages, line of credit or reverse mortgage		
96	Combined total of consumer debt – revolving charges, personal loans and credit cards		
97	Combined household monthly cost for personal long term care services at home		
98	Combined household monthly cost for independent living		
99	Combined household monthly cost for assisted living – including care cost		
100	Combined household monthly cost for nursing home		

Veterans Benefits		Client		Spouse	
If this survey <b>does not</b> apply to either client or spouse, leave it blank.		Yes	No	Yes	No
<b>TYPE AN "X" TO ANSWER</b>					
101	A living client, living spouse or deceased spouse is or was a veteran				
102	Client or spouse is currently receiving a monthly check deposit from VA				
103	Monthly check deposit is for Disability Compensation, DIC or SMC				
104	Monthly check deposit is for Veterans Pension or Survivors Pension				
105	The veteran, whether living or dead, served at least 90 days during a period of war				
<b>World War II</b> -- December 7, 1941 through December 31, 1946 <b>Korean Conflict</b> -- June 27, 1950 through January 31, 1955 <b>Vietnam Era</b> -- August 5, 1964 through May 7, 1975					
106	The living veteran was stationed in Vietnam				
107	The single living war veteran requires or will require long term care services				
108	The currently married living war veteran requires or will require long term care services				
109	Current non-veteran spouse of a living war veteran requires or will require long term care services				
110	The surviving spouse of a war veteran requires or will require long term care services				
111	Surviving spouse of a war veteran did not remarry after November 1, 1990 even if single				
112	Surviving single spouse of a war veteran terminated a remarriage before November 1, 1990				
113	Current or anticipated long term care services are provided by a family member other than the spouse				

Do you have any of the following medical diagnoses?		Client		Spouse	
		Yes	No	Yes	No
	<b>TYPE AN "X" TO ANSWER</b>				
1	Anxiety & Panic Disorders				
2	Obsessive Compulsive Disorder (OCD)				
3	Bipolar Disorder				
4	Depression				
5	Eating Disorders				
6	Schizophrenia				
7	Substance Abuse & Addiction				
8	Personality disorders				
9	Paranoid personality disorder				
10	Schizoid personality disorder				
11	Schizotypal personality disorder				
12	Antisocial personality disorder				
13	Borderline personality disorder				
14	Histrionic personality disorder				
15	Narcissistic personality disorder				
16	Avoidant personality disorder				
17	Dependent personality disorder				
18	Obsessive-compulsive personality disorder				
19	Anxiety & Panic Disorders				
20	Obsessive Compulsive Disorder (OCD)				
21	Bipolar Disorder				
22	Depression				
23	Eating Disorders				
24	AIDS				
25	Bone Marrow Related Conditions				
26	Cancer				
27	Cardiovascular Conditions				
28	Cerebrovascular Conditions (CVA, Stroke)				
29	Chronic Respiratory Conditions				
30	Coma				
31	Diabetes				
32	AIDS				
33	Bone Marrow Related Conditions				
34	Endocrine, Nutritional and Metabolic Diseases				
35	End-stage Renal Disease				
36	Hemophilia				
37	Endocrine, Nutritional and Metabolic Diseases				



38	Immune System Deficiencies				
39	Major Burns - 3rd Degree				
40	Neurological Disorders				
41	Organ Transplants				
42	ALS				
43	Arteriovenous Malformation				
44	Brain Aneurysm				
45	Brain Tumors				
46	Dural Arteriovenous Fistulae				
47	Epilepsy				
48	Memory Disorders				
49	Multiple Sclerosis				
50	Parkinson's Disease				
51	Peripheral Neuropathy				
52	Post-Herpetic Neuralgia				
53	Spinal Cord Tumor				
54	Stroke				
55	Parkinson's Disease				
56	Peripheral Neuropathy				
57	Post-Herpetic Neuralgia				
58	Endocrine System Diagnosis				
59	Hypothyroidism				
60	Congenital adrenal hyperplasia				
61	Endocrine System Diagnosis				
62	Diseases of the parathyroid gland				
63	Diabetes mellitus				
64	Diseases of the parathyroid gland				
65	Ovarian dysfunction (including polycystic ovary syndrome)				
66	Heart disease				
67	Cancer				
68	Hypertension				
69	Dyslipidemia				
70	Arthritis				
71	Diabetes				
72	Alzheimer's disease				
73	Lung disease				
74	Osteoporosis				
75	Diseases of the adrenal glands -includes Cushing's syndrome and Addison's disease)				
76	Traumatic Brain Injuries, Amputations, Multiple Fractures and/or Trauma, Spinal Cords Injuries				



**NOTES**

