LIFE RESOURCE SURVEY QUESTIONAIRRE



ersc	onal 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		R	
8	Email			
9	Street Address			
10	Second Address Line			
11	City	1:0		
12	State	LITE	Care Mana	gement
13	Zip	tor Se	niors and Individuals w	ith Disabilities
14	Family Representative Name			
15	Caregiver Name			
	Children Names Pho	ne Age	Street Address,	City and State
16				
17				
18				
19				
20				

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TYPE AN "X" TO ANSWER 20 Do you own your own home? 10 10 10 10 10 10 10 1		Plans, Preparations and Goals		Client		ıse
If you own your home are you considering any major home improvements or repairs? If you own your home are you considering securing a home equity loan? Do you already have a home equity loan or other mortgage debt? Do you have revolving credit, personal loans or credit card debt you would like to reduce? If you own your home do you currently have a reverse mortgage? Do you want your remaining investments and savings to go to someone else at your death? Do you want your remaining investments and savings to go to someone else at your death? Do you have an investment property, business or farm to pass on at your death? Are you familiar with the asset impoverishment rules for Medicaid? Do you have a plan in place to protect assets from Medicaid selzure? Are you familiar with heaset impoverishment rules for Medicaid? Do any or all of your life insurance policies with more than \$50,000 of combined death benefit? Are you familiar with Medicaid impoverishment rules for life insurance cash value? Are you gitted any of your assets to other than your spouse within the last five years? Have you gitted any of your assets to other than your spouse within the last five years? Jo you have a pelan in place to protect your life insurance from Medicaid seizure? Are you falled any of your assets to other than your spouse within the last five years? Have you gitted any of your assets to other than your spouse within the last five years? Are you gitted any of your possed keepsakes your heirs will receive? Have you provided written instructions for your funeral and burial? Have you provided written instructions for your funeral and burial? Will children of one or more previous marriages receive an inheritance from you? Will stepchildren of your current marriage receive an inheritance from you? Will stepchildren of your current marriage receive an inheritance from you? If you have a living will with an attorney in the last three years? O you have a living (family or inter vivos) trust? If you have a living wil		TYPE AN "X" TO ANSWER	Yes	No	Yes	No
1	21	Do you own your own home?				
Do you already have a home equity loan or other mortgage debt? If you own your home do you currently have a reverse mortgage? If you want your children to inherit your remaining investments and savings? Do you want your children to inherit your remaining investments and savings? If you own your home do you want to pass it on at your death? If you own your home do you want to pass it on at your death? If you own your home do you want to pass it on at your death? If you own your home do you want to pass it on at your death? If you own your home do you want to pass it on at your death? If you own your home do you want to pass it on at your death? If you own your home do you want to pass it on at your death? If you own your home do you want to pass it on at your death? If you own your home do you want to pass it on at your death? If you own your home do you want to pass it on at your death? If you own your home do you want to pass it on at your death? If you own your home do you want to pass it on at your death? If you own your home do you want to pass or farm to pass on at your death? If you own your home of your or the sest impoverishment rules for life insurance form feeling? If you you have a plan in place to protect your life insurance rom feeling for your asset your your life insurance rom feeling for want your? If you have a plan in place to protect your life insurance from Medicaid seizure? If you have you gifted any of your assets to other than your spouse within the last five years? If you have you genetery plot? If you you have a cemetery plot? If you you have a cemetery plot? If you you have a cemetery plot? If you want your expensed your wishes to your funeral and burial? If you expressed your wishes to your family about how and where you want to de? If you have a will? If you have a living furst, have you reviewed it within the last three years? If you have a living furst, have you reviewed it within the last three years? If you have a living furst, have you reviewed the	22	If you own your home are you considering any major home improvements or repairs?				
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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 general or durable power of attorney agent (POA) to act on your behalf?	44	Will children of one or more previous marriages receive an inheritance from you?	Disal	oilitie	es	
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יסטן איז	57	Do you have long-term care insurance?				

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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)		ent	Spouse	
	If this survey does not apply to either client or spouse, leave it blank.	Yes	No	Yes	No
	TYPE AN "X" TO ANSWER		•		
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			1	
76	Needs assistance with shopping, errands, laundry service, housecleaning or transportation	3111	en	-	
77	Needs someone to answer the phone, pay bills or help with financial decisions	Disal	oilitie	2S	
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				

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	ome Assets, Costs (Combined Household- Client and ouse)	Client	Spouse
	If this survey <u>does not</u> apply to either client or spouse, leave it blank.		
	TYPE AN "X" TO ANSWER		
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		

	B				
	Veterans Benefits	Clie	ent	Spouse	•
	If this survey <u>does not</u> apply to either client or spouse, leave it blank.	Yes	No	Yes	No
	TYPE AN "X" TO ANSWER			l l	
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	ne	nt		
103	Monthly check deposit is for Disability Compensation, DIC or SMC	sahil	ities		
104	Monthly check deposit is for Veterans Pension or Survivors Pension		100		
105	The veteran, whether living or dead, served at least 90 days during a period of war				
K	orld War II December 7, 1941 through December 31, 1946 orean Conflict June 27, 1950 through January 31, 1955 etnam Era 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				

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Do you have any of the following medical diagnoses?	Clie	Client		ent Spouse		se
TYPE AN "X" TO ANSWER	Yes	No	Yes	No		
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 LITE CATE IVIANAC	jen	ler	11			
25 Bone Marrow Related Conditions for Seniors and Individuals wit	h Disa	bilit	es			
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		1		†		

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38	Immune System Deficiencies				
	Major Burns - 3rd Degree				
40	Neurological Disorders				
	Organ Transplants				
	ALS				
	Arteriovenous Malformation				
	Brain Aneurysm				
	Brain Tumors				
46	Dural Arteriovenous Fistulae				
	Epilepsy				
48	Memory Disorders				
	Multiple Sclerosis				
	Parkinson's Disease				
00	Peripheral Neuropathy				
	Post-Herpetic Neuralgia				
	Spinal Cord Tumor				
	Stroke				
<u> </u>	Parkinson's Disease				
	Peripheral Neuropathy				
	Post-Herpetic Neuralgia				
	Endocrine System Diagnosis				
	Hypothyroidism				
	Congenital adrenal hyperplasia				
60	Endocrine System Diagnosis				
	Diseases of the parathyroid gland				
	Diabetes mellitus	em	en	t	
	Diseases of the parathyroid gland for Seniors and Individuals with	Disak	oilitic	98	
	Ovarian dysfunction (including polycystic ovary syndrome)				
65	Heart disease				
66	Cancer				
67	Hypertension				
	Dyslipidemia				
	Dysipidemia Arthritis				
	Diabetes				
	Alzheimer's disease				
73	Lung disease Octoonersein				
74	Osteoporosis Discosos of the advance glands, includes Cushing's syndrome and Addison's discoso.				
	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				

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