

# THE ESTATE PLANNING & ELDER LAW FIRM

## Long-Term Care & Asset Protection Planning Worksheet

MEDI-CAL and/or VA BENEFITS

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### INSTRUCTIONS

1. If printed, please complete this worksheet in ink.
2. Please return at least one day prior to our meeting.  
(This will ensure that we have enough time to understand the specifics of your situation before our meeting.)
3. If you need assistance completing the information, call our office at 818-292-8160 or 310-230-5686 and we will gladly help you.
4. Don't worry about total accuracy – just do the best you can!

ALL INFORMATION PROVIDED IS KEPT STRICTLY CONFIDENTIAL

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## PERSONAL INFORMATION

All information provided is strictly confidential

How did you hear about us? \_\_\_\_\_

Client's name \_\_\_\_\_

(Name most often used to title property and accounts)

Also known as \_\_\_\_\_

(Other names used in military service or to title property or accounts)

Prefer to be called \_\_\_\_\_

Birth date \_\_\_\_\_ SSN \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Current or previous occupation \_\_\_\_\_ Employer \_\_\_\_\_ Retired? Yes  No

### Residential status

At home  At home with in-home caregiver  Assisted living facility  Nursing home

Facility name and address \_\_\_\_\_

### Military Service Information

(Complete if client or spouse is a Veteran)

Veteran's name \_\_\_\_\_

Branch \_\_\_\_\_ Serial number \_\_\_\_\_

Date inducted \_\_\_\_\_ Date discharged \_\_\_\_\_ Honorably discharged? Yes  No

Medals/Honors \_\_\_\_\_

Do you have a copy of the Veteran's original discharge paperwork?  Yes  No

## Marriage Information

Single  Married Date of marriage \_\_\_\_\_  Widowed Date of death \_\_\_\_\_

Divorced Name of former spouse \_\_\_\_\_

Has either spouse been previously married?  Yes  No

Number of previous marriages    Husband                  Wife

## Spouse's Information

Spouse's name \_\_\_\_\_  
(Name most often used to title property and accounts)

Also known as \_\_\_\_\_  
(Other names used in military service or to title property or accounts)

Prefer to be called \_\_\_\_\_

Birth date \_\_\_\_\_ SSN \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Current or previous occupation \_\_\_\_\_ Employer \_\_\_\_\_ Retired? Yes  No

## Residential Status

At home  At home with in-home caregiver  Assisted living facility  Nursing home

Facility name and address \_\_\_\_\_

## HEALTH INFORMATION

Brief description of client/spouse's health status

Check or note all that apply	Client	Spouse
Help with dressing	<input type="checkbox"/>	<input type="checkbox"/>
Help with bathing	<input type="checkbox"/>	<input type="checkbox"/>
Help with ambulating (moving around)	<input type="checkbox"/>	<input type="checkbox"/>
Assistance getting in and out of bed or chairs	<input type="checkbox"/>	<input type="checkbox"/>
Help with toileting	<input type="checkbox"/>	<input type="checkbox"/>
Help with incontinence	<input type="checkbox"/>	<input type="checkbox"/>
Help with feeding	<input type="checkbox"/>	<input type="checkbox"/>
Help with preparing meals	<input type="checkbox"/>	<input type="checkbox"/>
Medication management/reminders	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker services	<input type="checkbox"/>	<input type="checkbox"/>
Transportation or transportation assistance	<input type="checkbox"/>	<input type="checkbox"/>
Supervision to prevent from harming self	<input type="checkbox"/>	<input type="checkbox"/>
Supervision to prevent from harming others	<input type="checkbox"/>	<input type="checkbox"/>
Administration of medications	<input type="checkbox"/>	<input type="checkbox"/>
Need protective environment for cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>

Client's primary physician's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Spouse's primary physician's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

## LEGAL INFORMATION

### Has client/spouse executed a:

#### Power of Attorney – Property

Client POA Name \_\_\_\_\_ Phone \_\_\_\_\_

Spouse POA Name \_\_\_\_\_ Phone \_\_\_\_\_

#### Power of Attorney – Healthcare

Client POA Name \_\_\_\_\_ Phone \_\_\_\_\_

Spouse POA Name \_\_\_\_\_ Phone \_\_\_\_\_

#### Last Will and Testament

Client

Spouse

#### Trust

Client

Spouse

## CHILDREN

**Child #1** Full legal name \_\_\_\_\_ Birth date \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Marital status  Single  Married  Widowed  Divorced

Name of spouse \_\_\_\_\_

**Child #2** Full legal name \_\_\_\_\_ Birth date \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Marital status  Single  Married  Widowed  Divorced

Name of spouse \_\_\_\_\_

**Child #3** Full legal name \_\_\_\_\_ Birth date \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Marital status  Single  Married  Widowed  Divorced

Name of spouse \_\_\_\_\_

**Child #4** Full legal name \_\_\_\_\_ Birth date \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Marital status  Single  Married  Widowed  Divorced

Name of spouse \_\_\_\_\_

**OTHER HELPERS OR DEPENDENTS**

**#1** Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Relationship \_\_\_\_\_ Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Education \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**#2** Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Relationship \_\_\_\_\_ Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Education \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**ADD ANY ADDITIONAL INFORMATION YOU WANT US TO KNOW OR TO SUPPLEMENT INFORMATION FROM OTHER SECTIONS**

**#3** Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Relationship \_\_\_\_\_ Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Education \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**#4** Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Relationship \_\_\_\_\_ Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Education \_\_\_\_\_ Spouse's Name \_\_\_\_\_

### TRUSTED ADVISORS

#### Tax Advisor/Accountant

Company \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

#### Financial/Investment Advisor

Company \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_



**MORE STUFF TO TELL ME?**

### PRIOR GIFTING

Please list any prior gifts or transfers made by the applicant or spouse within the last 30 months with a value > \$1,000 / transfer.

Recipient/Transferee	Date	Amount
Total		

### REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share, any farm property, or vacant land. Also list manner in which the title is held: joint tenant, community property, separate property, tenant in common.

General description &/or address	Owner	Market value	Equity
Total			

### PERSONAL PROPERTY

List separately only major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property (indicate the type below and **give a lump sum value** for miscellaneous, less valuable items)

Type or description	Owner	Market value
Vehicle year, make, model		
Total		



## ANNUITIES

**TYPE:** Annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), annuitant, who owns the policy, the current beneficiaries, and who pays the premium.

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Total \_\_\_\_\_

## LONG-TERM CARE/DISABILITY POLICIES

**TYPE:** Long-Term Care, Disability. **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

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Total \_\_\_\_\_

## RETIREMENT PLANS

**TYPE:** IRAs, PENSION (P), PROFIT SHARING (PS), H.R. 10, SET, 401 (K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

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Total \_\_\_\_\_

## BUSINESS INTERESTS

**TYPE:** General and limited partnerships, sole proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership interests, and the estimated value of the interests.

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Total \_\_\_\_\_

## OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category, including any money owed to you (e.g. from a mortgage or promissory note).

Type

Owner

Value

Total

Are you an heir of property or a beneficiary of a trust?

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Additional information from above or anything else you want to tell us:

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