Long-Term Care & Asset Protection Planning Worksheet

MEDI-CAL and/or VA BENEFITS

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	☐	☐
Help with bathing	☐	☐
Help with ambulating (moving around)	☐	☐
Assistance getting in and out of bed or chairs	☐	☐
Help with toileting	☐	☐
Help with incontinence	☐	☐
Help with feeding	☐	☐
Help with preparing meals	☐	☐
Medication management/reminders	☐	☐
Homemaker services	☐	☐
Transportation or transportation assistance	☐	☐
Supervision to prevent from harming self	☐	☐
Supervision to prevent from harming others	☐	☐
Administration of medications	☐	☐
Need protective environment for cognitive impairment	☐	☐

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	

BANK AND SAVINGS ACCOUNTS

If you prefer, you can wait until after our meeting to supply account numbers. Indicate types of accounts below: checking account "CA", Savings Account "SA", Certificates of deposit "CD", Money Market "MM", Safe Deposit Box "SDB".
Do not include IRAs or 401 (K)s here.

Name of institution and account number	Type	Owner	Amount
		Total	

INVESTMENT ACCOUNTS, MUTUAL FUNDS, STOCKS, BONDS

If you prefer, you can wait until after our meeting to supply account numbers. List any and all investments you own. If held in a brokerage account, lump them together under each account.

Investment a/c, mutual funds, stocks, bonds	Type	Account number	Owner	Amount
			Total	

LIFE INSURANCE

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

_____

_____

_____

_____

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.

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.

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.

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.

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?

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