

**LONG-TERM CARE PLANNING QUESTIONNAIRE
FOR MARRIED COUPLES**

So that Promise Law may provide you with the most accurate information, advice and planning for your situation, please bring the completed questionnaire and the requested information with you to your appointment. It is important that you complete this questionnaire accurately. Please note any areas of uncertainty. ALL INFORMATION PROVIDED IS CONFIDENTIAL.

I. PERSONAL INFORMATION

SPOUSE #1 (living in the community or marital home)

SPOUSE #2 (potential assistance applicant)

Full Name

Full Name

Street Address

Street Address

City/State/Zip Code

City/State/Zip Code

Telephone Numbers:

Telephone Numbers:

Home: _____

Home: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Email: _____

Email: _____

Birth Date: _____

Birth Date: _____

SSN: _____

SSN: _____

United States Citizen? Yes or No

United States Citizen? Yes or No

Veteran? Yes or No

Veteran? Yes or No

If yes, dates of service: _____

If yes, dates of service: _____

VA benefits received? _____

VA benefits received? _____

List any prior marriage(s) and indicate if it ended in death or divorce and the date:

List any prior marriage(s) and indicate if it ended in death or divorce and the date:

If currently employed, please list employer: _____

Date of most recent hospitalization: _____

II. CHILDREN INFORMATION (Please attach additional pages as necessary.)

Name: _____ Date of Birth: _____

Address: _____

Telephone: (C) _____ (H) _____ Email: _____

Marital Status: _____ Is this child disabled? _____

If not the child of both spouses, please list which one is the parent: _____

Name: _____ Date of Birth: _____

Address: _____

Telephone: (C) _____ (H) _____ Email: _____

Marital Status: _____ Is this child disabled? _____

If not the child of both spouses, please list which one is the parent: _____

Name: _____ Date of Birth: _____

Address: _____

Telephone: (C) _____ (H) _____ Email: _____

Marital Status: _____ Is this child disabled? _____

If not the child of both spouses, please list which one is the parent: _____

Name: _____ Date of Birth: _____

Address: _____

Telephone: (C) _____ (H) _____ Email: _____

Marital Status: _____ Is this child disabled? _____

If not the child of both spouses, please list which one is the parent: _____

IV. INCOME

Please list the *GROSS* monthly income of each spouse, below.

SOURCE	Spouse 1	Spouse 2
Social Security Retirement		
Social Security Disability		
Supplemental Security Income (SSI)		
Military Pension (DFAS)		
Civil Service Pension		
VRS Pension		
Other Pension		
Veterans Disability		
Rental Property Income		
Annuity Income		
Deferred Compensation		
Other Income		
TOTAL MONTHLY INCOME:		

V. MEDICAL EXPENSES

Please list the monthly medical expenses of each spouse, below.

EXPENSE TYPE	Spouse 1	Spouse 2
Medicare Premium		
Medicare Supplement Premium		
Medicare Part D (Rx drug) Premium		
Out-of-pocket Prescription Drug Costs		
Home Health Care (incl. paid to family)		
Adult Day Care		
Assisted Living		
Nursing Home		
Long Term Care Insurance Premiums		
Other		
TOTAL MONTHLY MEDICAL:		

VI. ASSETS

Please list the value of all assets, below. Use additional sheets if necessary. "To the penny" is not needed at this time, but may be necessary if/when an application for benefits is filed.

TYPE	SPOUSE 1 ONLY	SPOUSE 2 ONLY	JOINT BOTH SPOUSES	JT. WITH NON-SPOUSE OR IN A TRUST
Financial Accts				
Checking #1				
Checking #2				
Checking #3				
Savings #1				
Savings #2				
Savings #3				
Money Mkt #1				
Money Mkt #2				
CD #1				
CD #2				
CD #3				
US Treasury Bills or Savings Bonds				
Retirement Accts				
IRA #1				
IRA #2				
IRA #3				
401(k)/403(b), etc. #1				

TYPE	SPOUSE 1 ONLY	SPOUSE 2 ONLY	JOINT BOTH SPOUSES	JT. WITH NON-SPOUSE OR IN A TRUST
401(k)/403(b), etc. #2				
401(k)/403(b), etc. #3				
Tax-qualified annuity #1				
Tax-qualified annuity #2				
Tax-qualified annuity #3				
Stocks/Investments				
Brokerage Acct/Mutual Fund #1				
Brokerage Acct/Mutual Fund #2				
Brokerage Acct/Mutual Fund #3				
Individual Stock #1				
Individual Stock #2				
Individual Stock #3				
Notes Receivable				
Non-tax Qualified Annuities #1				
Non-tax Qualified Annuities #2				
Business Interests/Partnerships #1				
Business Interests/Partnerships #2				

TYPE	SPOUSE 1 ONLY	SPOUSE 2 ONLY	JOINT BOTH SPOUSES	JT. WITH NON-SPOUSE OR IN A TRUST
Business Interests/Partnerships #3				
529 Plans for Family				
REAL ESTATE (use tax-assessed value; do not reduce for mortgage)				
Residence				
Second/Vacation Home				
Life Estate				
Heir Property				
Time Share				
Rental/Investment Property				
Other				
Vehicles				
Vehicle #1				
Vehicle #2				
Vehicle #3				
Boat #1				
Boat #2				
Trailer #1				
Trailer #2				

TYPE	SPOUSE 1 ONLY	SPOUSE 2 ONLY	JOINT BOTH SPOUSES	JT. WITH NON-SPOUSE OR IN A TRUST
Other				
Cash Value of Life Insurance				
Policy #1				
Policy #2				
Policy #3				
Funeral/Burial				
Plots				
Prepaid arrangements				
Other				
Inheritance from an estate not yet settled				
Stamp/Coin or other collections				
Unusually valuable property (such as original art work)				
Interest in lawsuit				
Livestock (farm animals)				
Other (explain)				

VII. DEBTS

Please list all debts, including loans that either spouse has co-signed (e.g. a child or grandchild’s student or automobile loan) even if the spouse is not (or has not) made any payments because the intended borrower is current.

LENDER	TYPE (credit card, car, etc.)	OUTSTANDING PRINCIPAL BALANCE	MONTHLY PAYMENT AMOUNT

VIII. DOCUMENTATION

Please bring the following documents with you to the consultation appointment:

- 1) The most recent statement for all financial accounts;
- 2) The most recent tax assessment for all real estate;
- 3) Motor vehicle titles, if available;
- 4) Deeds to real estate, if available;
- 5) Health insurance information and Medicare cards;
- 6) Prepaid funeral and/or burial arrangement contracts;
- 7) Life insurance and long term care policy information;
- 8) The most recent deposit information or statement for all income sources; and
- 9) Your estate planning documents including trust, last will and testament, durable power of attorney, and advance medical directive.

IX. REPRESENTATION

I/We represent to Promise Law that the information on this form is complete and accurate. I/We understand that the Firm and its individual attorneys will rely upon this information to make recommendations. I/We further understand that any recommendation made by the law firm may not be appropriate if the information I/we have provided is inaccurate or incomplete.

Date: _____ **Signature(s):** _____
Date: _____ **Signature(s):** _____