

VICTORIA L. GRACE, Esq.
Elder Care/Medical Assistance Planning Client
Intake – Client Information

Client Information	Date: _____
Name: _____	
Address: _____	
City/Zip: _____	
Phone: (H) _____ (W) _____ (Cell) _____	
Email: _____	
How were you referred? _____	
_____ Signature of Client/Agent	

COMPLETE AS BEST YOU CAN – IF YOU DON'T HAVE ALL THE INFORMATION, WE WILL GET IT
Client Concerns (Client is person listed in shaded box – So your concerns about) re: Principal:
Health: _____

Financial: _____

Caretaking/Living Arrangements: _____

Principal/Elder (if not person listed above): _____
(first) (middle) (maiden) (last)

Address: _____

City: _____ **County:** _____ **Phone: (H)** _____

Date of Birth: _____ **Social Security Number:** _____ **Age:** _____

Mental Condition (please describe): _____

Can the Principal understand a legal document and consent to its execution? Yes ____ No ____

Explanation if not _____

<u>Principal's Legal Documents</u>	<u>Date Executed</u>	<u>Where document is located</u>	<u>Power Holder(s)/Named agents/ Personal Representatives</u>
*Living Will/Advance Directive			
*General Power of Attorney Does it authorize gifting?			
*Last Will and Testament			
*Trusts: Revocable/Irrevocable Describe Terms			

Where is Principal currently residing? Home/Apt. ____ Assisted Living ____ Nursing Home ____

Is Principal currently receiving any 'at home' medical services? Yes: ____ No: ____ If yes: What services are being received and how often? _____

Is Medicare currently paying for care? Yes ____ No ____

Name of Facility: _____

Address: _____ County _____

Contact Person: _____ Phone Number: _____ Date entered: _____

Name and telephone number of treating/primary physician: _____

Is there a deposit on account with the nursing home? _____

Daily Rate: _____ Monthly Extras: _____ Monthly Total: _____ Monthly Prescription Drug Costs: _____

Family Information

Children of Principal(s), including any deceased children:

Name	Address	Telephone	Age
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Names of any disabled children: _____

Grandchildren of Principal for Child # above

1. (a) _____	(b) _____	(c) _____
2. (a) _____	(b) _____	(c) _____
3. (a) _____	(b) _____	(c) _____
4. (a) _____	(b) _____	(c) _____
5. (a) _____	(b) _____	(c) _____

**Other Family Members
Involved with Principal/Spouse: Relationship/Comment**

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Family Problems/Strengths: Describe:

Financial Information: Income and Assets

<u>*Monthly Income</u>	<u>Community Spouse</u>	<u>Institutionalized Spouse</u>	<u>Joint</u>	<u>Any \$\$ Withheld (taxes/insurance)</u>
Pension (& source)	\$ _____	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	\$ _____
Railroad Retirement	\$ _____	\$ _____	\$ _____	\$ _____
Civil Service Rmtmt (Is there a survivor benefit)	\$ _____	\$ _____	\$ _____	\$ _____
Annuity Income (Source & Date received)	\$ _____	\$ _____	\$ _____	\$ _____
Investment Income	\$ _____	\$ _____	\$ _____	\$ _____
Other Income (Sources)				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Monthly Totals	\$ _____	\$ _____	\$ _____	\$ _____

Principal's and/or Spouse's Assets

REAL ESTATE:

<u>Address/County</u>	<u>How Titled (Indiv/Joint)</u>	<u>Date of Current Deed and Reference</u>	<u>Current Value</u>	<u>Lien Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has client (not Principal) resided in the home two (2) of the last five (5) years? Yes _____ No _____

Is the Principal receiving a HOMEOWNER'S PROPERTY TAX CREDIT or VETERAN'S CREDIT? _____

PERSONAL PROPERTY (Automobile/Mobile Home/Trailer/ Boat):

<u>Description (Make/Model/Year)</u>	<u>How Titled</u>	<u>Current Value</u>
_____	_____	_____
_____	_____	_____

***BANK ACCOUNTS (Checking, savings, CDs, Money Market)**

<u>Bank:</u>	<u>Type:</u>	<u>Name(s) on Account:</u>	<u>Current Balance:</u>
_____	<u>CKG</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Sub Total			\$ _____

STOCKS:

<u>Name of Company</u>	<u># Shares</u>	<u>Names on Stock</u>	<u>Purchase Price</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sub Total				\$ _____

BONDS/SAVINGS BONDS:

<u>Name of Company</u>	<u>Face Amount</u>	<u>Names on Bonds</u>	<u>Date Issued</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sub Total				\$ _____

OTHER ACCOUNTS:

Mutual funds (not IRA accounts):

<u>Name of Fund</u>	<u># Shares</u>	<u>Titling</u>	<u>Cost Basis</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sub Total				\$ _____

Annuities, Tax Deferred Annuities, Deferred Compensation:

<u>Company Name/ Policy Number</u>	<u>Annuitant's Name</u>	<u>Beneficiary</u>	<u>Original Investment</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sub Total				\$ _____

IRAs, 401K Plans, Other Retirement Funds:

<u>Company Name/ Policy Number/ Type of Plan</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Has Owner taken any payouts?</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sub Total				\$ _____

Life Insurance Policies (owner/beneficiary/whole life/term life/face value/cash value/)

OTHER ASSETS

List any potential inheritances that could be received by Principal and estimated value: _____

Burial Plots (indicate how many lots owned): _____

Prepaid Funeral Expenses/Trusts: _____

Any need for out of state burial arrangements? Yes _____ No _____

Estimated value of other personal property: Describe _____ \$ _____

SUB TOTAL CASH/INVESTMENTS \$ _____ **SUB TOTAL PROPERTY \$ _____**

* * * * * * * * * * *

Principal's and/or Spouse's Debts and/or Liabilities

Existing Debt (credit cards, liens, mortgages, loans)

<u>Creditor Name</u>	<u>Description/Type of Debt</u>	<u>Final payment date</u>	<u>Monthly Payment</u>	<u>Total Debt</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sub Total:				\$ _____

Potential Indebtedness

<u>Description</u>	<u>Amount</u>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Sub Total		\$ _____
TOTAL EXISTING DEBT		\$ _____

Prior Transfers or Gifts of Assets (include re-titled accounts)

<u>Asset Gifted/Transferred</u>	<u>Date of Transfer</u>	<u>Name(s) of New Owners</u>	<u>Value/Amount of Transfer on Tx Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Transfers:			\$ _____