# Care Planning Questionnaire

MURAD
Law Firm

## PART A: PERSONAL INFORMATION

**Client:**

Full Name

Address

Home Phone

Cell Phone

U.S. Citizen Yes No

Date of Birth

Social Security

General Health Information

List Date(s) and Location of Hospitalization(s) During the Past Year

**Spouse:**

U.S. Citizen Yes No

**Client:**

Medicare Yes ☐ No ☐

Veteran Yes ☐ No ☐

**Spouse:**

Medicare Yes ☐ No ☐

Veteran Yes ☐ No ☐

Major Medical or Other Health Insurance & Monthly Payment

Long-Term Care Insurance & Monthly Payment

**Children:**

| Name | Complete Address | Telephone Number | Age | Social Security # |
|---|---|---|---|---|
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Please indicate if any of the above children are of a previous marriage:

Are any of your children blind? Yes ☐ No ☐

Are any of your children disabled? Yes ☐ No ☐

Do any of your children live with you in your home? Yes ☐ No ☐

If Yes, list names:

## PART B: MISCELLANEOUS INFORMATION

If either spouse is in a nursing home or contemplates entering a nursing home, please list the following:

Facility | Date of hospitalization:

List monthly charges and source of payment at the present time:

## PART C: MONTHLY INCOME

| Income description | Husband's monthly income | Wife's monthly income | Joint monthly income |
|---|---|---|---|
| Net Salary or Wages (Take Home Pay) | | | |
| Social Security Benefits | | | |
| Retirement Benefits | | | |
| Interest | | | |
| Dividends | | | |
| Pension | | | |
| Other | | | |
| **Total monthly income** | $0.00 | $0.00 | $0.00 |

## PART D: ASSETS

Please insert the approximate value of each asset/liability in the appropriate space (by owner):

| Asset | Husband | Wife | Joint | Liability |
|---|---|---|---|---|
| Primary Residence | | | | |
| Other Real Estate | | | | |
| Automobile(s) | | | | |
| Checking Account(s) | | | | |
| Savings Account(s) | | | | |
| Money Market Account(s) | | | | |
| Certificate(s) of Deposit | | | | |
| Mutual Funds | | | | |
| Stocks | | | | |
| Bonds | | | | |
| Annuities | | | | |
| Cash Surrender Value of Life Insurance | | | | |
| IRA Account(s) | | | | |
| Life Insurance | | | | |
| **Total** | $0.00 | $0.00 | $0.00 | $0.00 |

Is there a safe deposit box? Yes ☐ No ☐

If yes, Location:

Box Number ____ Joint Tenant or Deputy: ____

It is important to know the cash surrender value of your life insurance policy. To obtain the cash surrender value of the policies, please call your insurance agent, or call the insurance company directly. (Please include the cash surrender value of the life insurance listed in **Part D of this form.**

## PART E: GIFTS

Please list any gifts made by either spouse in excess of $1,000 to an individual other than your spouse within the past 60 months:

| Recipient | Date | Amount |
|---|---|---|
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The information on the previous eight (8) pages is true and accurate to the best of my knowledge.

Signature

## PART F:

Please furnish our office with copies of the following documents, if applicable:

1. Deed to Home and current County Tax Bill;
2. Deed to other Real Property and County Tax Bill;
3. Copy of Last Will and Testament;
4. Copy of Power of Attorney;
5. Copy of Health Care Proxy.
6. Others - What are your goals from this meeting? i.e. I want to know how to obtain Medicaid benefits for my spouse, I want to know how I can best protect my assets should I (or my spouse) go into nursing care, I would like to discuss Veterans Benefits, etc