

OFFICE USE ONLY

Follow-up Date: _____

To Do: _____

Meeting Location: _____

Case Manager: _____

(rev. 12/07)

PESSIN KATZ LAW, P.A.
Elder Care/Medical Assistance Planning
Client Information

Person Completing this Form:

_____ Date

Name: _____

Address: _____

City/Zip: _____

Phone: Home _____ Work _____
Cell _____ E-mail _____

Acting For: Self Spouse Parent Other _____

How were you referred to us? (name of referral source) _____

_____ Client's Signature

Client Concerns: _____

Name of Person in Need of Planning ("PRINCIPAL"): _____
(Including maiden name if applicable)

Address: _____ County: _____

Phone: _____ Date of Birth: _____

Social Security No.: _____ Age: _____

Principal Spouse's Name: _____
(Include maiden name, if applicable)

Address: _____

Date of Birth: _____ Date of Death: _____

Social Security No.: _____

Is this the first marriage: Yes No Date of Marriage: _____

Who is handling Principal's financial affairs? _____

Has the Principal (or spouse) previously applied for Medical Assistance? Yes _____ No _____

If so, what county and date applied? _____

Is Principal or spouse a veteran? Yes _____ No _____

If "yes," has there been an Application for VA benefits? Yes _____ No _____

Are both Principal and spouse U.S. citizens? Yes _____ No _____

Principal's ability to perform the following Activities of Daily Living (ADL's):

- | | | | |
|---------------------|------------------------|---------------------|-------------------------|
| 1. Walk or Ambulate | Needs Assistance _____ | No Assistance _____ | Unable to Perform _____ |
| 2. Eat on Own | Needs Assistance _____ | No Assistance _____ | Unable to Perform _____ |
| 3. Dressing | Needs Assistance _____ | No Assistance _____ | Unable to Perform _____ |
| 4. Bathing | Needs Assistance _____ | No Assistance _____ | Unable to Perform _____ |
| 5. Toileting | Needs Assistance _____ | No Assistance _____ | Unable to Perform _____ |

Principal's Physical Health (please describe) _____

Spouse's Physical Health (please describe) _____

Principal's Mental Condition (please describe): _____

Spouse's Mental Condition (please describe): _____

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

Principal's Documents:

Date

Power Holder(s)

Living Will or Advance
Health Care Directive

Power of Attorney (Financial)

Does it authorize gifting? _____

Is there a Will? Yes _____ No _____

If "yes," Date: _____

Beneficiaries: _____

Personal Representative: _____

Have any Trusts been created by, or for, the Principal or spouse? Yes _____ No _____

If "yes," date of Trust/Will: _____ (Bring a copy)

Have any funds been paid into or out of this Trust in the last five (5) years? Yes _____ No _____

Principal is currently residing: Home/Apt. _____
Assisted Living _____
Nursing Home _____

If Principal is in a nursing facility or assisted living:

Name of Facility: _____

Address: _____

County: _____ Date Entered: _____

Phone No.: _____

Is Medicare currently paying for Principal's nursing home care? Yes ___ (If "yes," starting date _____) No _

Is there a deposit on account with the above? No _____ Yes _____ How much \$ _____

<u>Daily Rate</u>	<u>Monthly Extras</u>	<u>Monthly Total</u>	<u>Prescriptions</u>
\$ _____	\$ _____	\$ _____	\$ _____

Name of Principal's physician: _____

Children of Principal(s)

	<u>Name</u>	<u>Married (yes/no)</u>	<u>Telephone</u>	<u>Address</u>	<u>Age</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

Identify any disabled children, deceased children or stepchildren: _____

Grandchildren of Principal(s) for Child # Above: Age Ranges

1a.	_____	b. _____	c. _____	_____
2a.	_____	b. _____	c. _____	_____
3a.	_____	b. _____	c. _____	_____
4a.	_____	b. _____	c. _____	_____

<u>Other Family Members Involved:</u>	<u>Relationship/Comment</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____

Family Problems (if any): _____

Bank:	<u>Type</u>	<u>Names on Account</u>	<u>Current Balance</u>
* Direct Deposit Account for Social Security	<u>CKG</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
SUB-TOTAL:			\$ _____

IRA's, 401(K), Other Retirement Plans:

<u>Company and Type of Plan</u>	<u>Account Owner</u>	<u>Death Beneficiary</u>	<u>Approx. Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
SUB-TOTAL:			\$ _____

Stocks (Including shares or trust interest issued by life insurance companies):
 (If held in a stock brokerage account, do not itemize -- just attach copy.)

<u>Name of Company</u>	<u># Shares</u>	<u>Names on Stock</u>	<u>Cost Basis</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
SUB-TOTAL:				\$ _____

Bonds and U.S. Savings Bonds:

<u>Name of Company</u>	<u>Face Amount</u>	<u>Names on Bond</u>	<u>Date Issued</u>	<u>Current Value</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
SUB-TOTAL: \$				_____

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</u>	<u>Annuitant's Name</u>	<u>Orig. Investment</u>	<u>Current Value</u>	<u>Death Beneficiary</u>
_____	_____	_____ (Year) (Amount)	_____	_____
_____	_____	_____ (Year) (Amount)	_____	_____
SUB-TOTAL: \$				_____

Life Insurance:

<u>Company Name</u>	<u>Owner/Insured</u>	<u>Whole Life Policies</u>		<u>Cash Surr. Value</u>	<u>Death Benefit</u>
		<u>Death Beneficiary</u>	<u>Face Value</u>		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
SUB-TOTAL: \$				_____	_____

Life Insurance:

Term Insurance - (or Group Term Insurance)

<u>Company</u>	<u>Beneficiary</u>	<u>Death Benefit</u>
_____	_____	_____
_____	_____	_____
		SUB-TOTAL: \$ _____

Automobile/Mobile Home/Trailer/Boat(s):

<u>Description</u>	<u>How Titled</u>	<u>Approx. Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any potential inheritance that Principal might receive: _____

List any money owed to Principal or spouse: _____

List any other assets on which the Principal's name appears (such as child's home property, etc.): _____

OFFICE USE ONLY	
Sub-Total Cash/Investments: _____	Sub-Total Property: _____
<u>TOTAL ESTIMATED ASSETS:</u> \$ _____	

Money Principal or Spouse Owes to Others:

<u>Description</u>	<u>Name(s) of Debtor(s)</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<u>TOTAL ESTIMATED DEBTS:</u> \$ _____

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

<u>Asset Gifted</u>	<u>Date of Transfer</u>	<u>Name(s) of New Owner(s)</u>	<u>Amount/Value on Date of Transfer</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL TRANSFERS:			\$ _____

Burial Information:

Cemetery Lots Owned (indicate how many vacant): _____

Has funeral been prepaid? Yes _____ No _____

Will there be out-of-state burial arrangements? Yes _____ No _____

Health Insurance Plans:

Medical/Health Company: _____ Premium: \$ _____ per _____
(including Supplemental or Medigap insurance)

Long-Term Care Insurance _____

Medicare Part A or B Coverage? Yes _____ No _____

Catastrophic Health? Yes _____ No _____

Prescription Coverage? Yes _____ No _____
If "yes," are reimbursement checks sent to Principal? Yes _____
No _____

Is the principal or spouse a party to a law suit, a beneficiary of an estate or in any other way anticipating a financial gain or financial loss in the future? _____

