

Long-term Care Planning Questionnaire (Single)

It is important that you complete this questionnaire accurately and thoroughly. Please use full legal names and print them legibly. Please bring the completed questionnaire and the requested information with you to your appointment. This information may be used to prepare planning documents.

A. CONTACT PERSON

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home _____ Business _____ Fax _____
 E-Mail Address _____ Cell _____

B. PERSONAL INFORMATION--CLIENT

Full Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone No. _____ Cell No. _____
 Birth Date _____ Place of Birth _____
 Social Security No. _____ Last Grade Completed _____
 U.S. Citizen? Yes No Veteran? Yes No
 Marital Status: Widowed Divorced Never Married
 If widowed, your spouse's date of death _____
 Was your former spouse a Veteran? Yes No If Veteran, dates of service _____
 How did you hear about Oast & Hook or who referred you to this office? _____

C. CHILDREN (please print full legal names so they are legible)

Name	Address	Telephone Number Fax Number Email Address	SSN
		T: F: E:	
		T: F: E:	

		T: F: E:	
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- Are all your children in good health? Yes No
- Are any of your children blind? Yes No
- Are any of your children disabled? Yes No
- Are any of your children receiving SSI or another form of government entitlement? Yes No
- Do any of your family members have problem with Aids? Yes No
- Drug Addiction? Yes No
- Alcoholism? Yes No
- Spendthrift? Yes No
- Marital Problems? Yes No
- Do any of your children live with you? Yes No
- Does a sibling live with you? Yes No

D. HEALTH INSURANCE INFORMATION (Please check all that apply)

- Medicare Part A/B Premium \$ _____
- Medicare Part D (Prescription Drug) Premium \$ _____
- Tricare for Life
- Other Health Insurance
- Name of Carrier: _____
- Subscriber/Policy Number: _____
- Type of Coverage: _____
- Name of Carrier: _____
- Subscriber/Policy Number: _____
- Type of Coverage: _____
- Dental Insurance
- Name of Carrier: _____
- Subscriber/Policy Number: _____

E. MONTHLY INCOME (Please provide the **Gross Monthly Benefit Amount)**

- Social Security Benefits \$ _____
- Pension/Retirement Benefits \$ _____
- Veterans Disability Income \$ _____
- Investment Income \$ _____
- Other Income
- Source: _____ \$ _____
- Source: _____ \$ _____
- Source: _____ \$ _____

TOTAL GROSS MONTHLY INCOME \$ _____

F. GIFTS - Gifts include, but are not limited to: cash/checks for birthday and Christmas presents, donations to your church, tuition payments for your grandchildren and charitable contributions.

Have you ever filed a Federal Gift tax return? Yes No

Please check the appropriate box:

- I have not made gifts exceeding more than \$1,000 in any one of the previous 5 years.
- I have made gifts exceeding \$1,000 per year in the previous 5 years and all gifts are listed below (please use additional sheets of paper if you need more space):

Date _____	Amount _____	Recipient _____
Date _____	Amount _____	Recipient _____
Date _____	Amount _____	Recipient _____
Date _____	Amount _____	Recipient _____
Date _____	Amount _____	Recipient _____

G. ASSETS/LIABILITIES - Please insert the value of each asset/liability in the appropriate space.

Assets/Liabilities	Asset Total	Liability
Residence (assessed value)	\$	\$
Other Real Estate (assessed value)	\$	\$
Other Real Estate (assessed value)	\$	\$
Automobile	\$	\$
Additional Automobile	\$	\$
Bank Accounts (Checking, Savings, CD's, Money Markets): Account# Account# Account#	\$	\$
Investments (Brokerage Accounts, Stocks, Bonds, IRA's, Retirement Accounts, 401k): Account# Account# Account#	\$	\$
Stocks/Bonds not held by Broker	\$	\$

Life Insurance - Company Name/Policy #	\$ Face Value	\$ Cash Value
Nursing Home Deposit	\$	
Other Assets	\$	\$
Total Values	\$	\$

H. ALL INFORMATION YOU PROVIDE TO US WILL BE KEPT CONFIDENTIAL AND USED FOR LONG-TERM CARE PLANNING PURPOSES ONLY.

Please bring copies of the following documents if you have them. If you do not have a copier, bring the originals and we will copy them for you.

Wills
Powers of Attorney

Trusts
Advance Medical Directives

Please also bring the following financial information if it applies to you:

Current bank statements including CD's
Current real estate tax assessments
Investment, Brokerage, or Mutual Fund statements
Insurance & Annuity contracts and annuity statements
Retirement Accounts, IRA, or 401K statements

Deeds to all of your real property
Notes or mortgages receivable to you
Savings Bonds, Stock Certificates
Pre-Need Funeral/Burial Contracts/Deeds
Titles and Registrations to all of your Motor Vehicles

The copies we have requested will help us understand how the assets are titled and how they may affect your plan.

L. CERTIFICATION

The undersigned hereby represents to Oast & Hook, and each of its attorneys, that the information contained in this intake form is accurate and complete and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Date

Signature of Client or Client Representative