

GETTING STARTED WITH OUR LONG TERM CARE PLANNING ORGANIZER

LAW OFFICE OF JOHN L. ROBERTS

(413) 567-5600

More Online Resources: MassHealthHELP.com EstatePlansPLUS.com



Name of Contact Person:
Home Phone and Cell Phone:
Mailing Address:
Name and Address of the person who would like long term care planning:

Welcome. You are about to begin the process of long term care planning.

We designed this form to help gather your thoughts, and make the planning process more relaxed for you. Gather as much of the information as you can, but don't worry if there is some information that is not available to you right now. This is a beginning outline for the plan that will protect you and your family. Call to let us know when you are ready for an appointment.

Now, let's get started!

BASIC INFORMATION	ELDER'S NAME:	SPOUSE'S NAME:
Social Security Number		
Date of Birth		
Drivers License Number		
US Citizen?		
Veteran?		
Health Issues?		
Diagnosis / Prognosis		
Your Primary Care Doctor		
Other Medical Care Providers		
Is Long Term Care Needed Now?		
Do you have Long Term Care Insurance?		

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This section shows us where to begin with the planning process.

PLANS YOU HAVE ALREADY MADE	ELDER'S NAME:	SPOUSE'S NAME:
Do you have a Will? If "Yes" when was it signed?		
Do you have a Trust? If "Yes" when was it created?		
Do you have a Durable Power of Attorney? If "Yes" when was it signed? Who is named as your agent?		
Do you have a Health Care Proxy? If "Yes" when was it signed? Who is named as your Agent?		
Do you have an accountant?		
Do you have a financial planner?		
Do you have a broker?		
Life Insurance Agent?		
Annuity Agent?		

This section helps us determine your eligibility for Medicaid benefits, and identify your best options for care and planning.

YOUR MONTHLY INCOME	ELDER'S NAME:	SPOUSE'S NAME:
Social Security (add Medicare Part B Premium)		
Retirement Benefits (Gross) Source:		
Retirement Benefits (Gross) Source:		
VA Disability Benefit		
Annuity Income Name of Annuity Company:		
Rental Income:		
Other Income:		
TOTAL MONTHLY INCOME		

This section helps us determine when you can qualify for Medicaid benefits, and to explain your best options for care planning.

YOUR ASSETS	\$ VALUE, and NAME(s) OF PEOPLE WHO HOLD TITLE TO THE ASSET
Current value of your Home. Who owns your home?	
Other Real Estate	
Automobiles	
Checking Account Name of Bank:	
Savings Account Name of Bank	
CD Name of Bank	
IRA, 401k, Pension, Profit Sharing	
Annuities	
Life Insurance	
Boats, Planes, RVs	
Other items of value, such as antiques	
Other Assets	
TOTAL ASSETS	

YOUR LIABILITIES	\$ AMOUNT, and NAME(s) OF PERSON WHO OWES THE AMOUNT
Mortgage on your Home? Lender:	
Other Loans	
Automobiles	
Credit Card debt Name of Bank:	
Business Debt Name of Bank:	

Use this section to indicate whether you have transferred assets within the past 5 years.

PREVIOUS TRANSFERS OF ASSETS	\$ AMOUNT, and NAME(s) OF PERSON TO WHOM TRANSFER WAS MADE

Use this section to help explain to us what it is important to you (and to your spouse).

FACTORS THAT ARE IMPORTANT TO YOU	1 = Not important 5 = Very important
Avoiding the need for a nursing home admission	NA 1 2 3 4 5
Providing income and assets for spouse	NA 1 2 3 4 5
Protecting an inheritance for children	NA 1 2 3 4 5
Planning for transfer of family home	NA 1 2 3 4 5
Planning for continuation of family business	NA 1 2 3 4 5
Planning for payment of nursing home costs, if needed	NA 1 2 3 4 5
Protecting assets from lawsuits and creditors	NA 1 2 3 4 5
Preventing Massachusetts Estate Tax liability	NA 1 2 3 4 5
Preventing Federal Estate Tax liability	NA 1 2 3 4 5
Preventing the need for Guardianship (Probate during your life time)	NA 1 2 3 4 5
Preventing Probate upon death	NA 1 2 3 4 5
Protect children's inheritance from possibility of divorce	NA 1 2 3 4 5
A child or grandchild with special needs or disabilities Name of disabled child or grandchild: Date of Birth:	NA 1 2 3 4 5
Avoiding will contests and other disputes upon death	NA 1 2 3 4 5
Providing advance directives for family members and health care providers	NA 1 2 3 4 5
Other concerns:	NA 1 2 3 4 5
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