

## CLIENT INTAKE



Gold Star ☆ Senior Benefits

*Our passion is serving others*

REFERRED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

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### *Client Information*

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Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed

Spouse Name: \_\_\_\_\_

Address/Facility Address: \_\_\_\_\_

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### *Contact Information*

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Name: \_\_\_\_\_ Relation to Client: \_\_\_\_\_ Are You POA: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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### *Activities of Daily Living - Check all you need assistance with.*

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ADL'S: \_\_\_ Bathing \_\_\_ Dressing \_\_\_ Eating \_\_\_ Transferring \_\_\_ Toileting \_\_\_ Walking

IADL'S: \_\_\_ Meals \_\_\_ Medications \_\_\_ Transportation \_\_\_ Other \_\_\_ Cognitive Impairment

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### *Medical Expenses*

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Medicare Premium \_\_\_\_\_ Medicare Supplement \_\_\_\_\_ Assisted Living \_\_\_\_\_

Nursing Facility \_\_\_\_\_ Home Care \_\_\_\_\_ Other \_\_\_\_\_

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### *Income & Assets*

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<u>INCOME:</u>	<u>CLAIMANT</u>	<u>SPOUSE</u>	<u>ASSETS:</u>	<u>CLAIMANT</u>	<u>SPOUSE</u>
Social Security	_____	_____	Bank Balances	_____	_____
Pension	_____	_____	Bank Balances	_____	_____
Pension/Annuity	_____	_____	IRA/401K	_____	_____
Distributions	_____	_____	Stocks/Bonds	_____	_____
Interest	_____	_____	Annuities	_____	_____
VA Benefits	_____	_____	Life Insurance	_____	_____
Other	_____	_____	Other	_____	_____

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### *Other Assets*

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#### **DO YOU HAVE/OWN:**

Trust \_\_\_\_\_ Revocable / Irrevocable Date Formed: \_\_\_\_\_  
Homestead \_\_\_\_\_ Mortgage Pymt \_\_\_\_\_ Reverse Mortgage \_\_\_\_\_ Market Value \_\_\_\_\_  
Property (NOT Homestead) \_\_\_\_\_ Mortgage Pymt \_\_\_\_\_ Market Value \_\_\_\_\_  
Vehicle \_\_\_\_\_ Year/Make/Model \_\_\_\_\_ Car Payment \_\_\_\_\_

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### *Military Service*

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Branch of Service \_\_\_\_\_ War Served In \_\_\_\_\_  
Date of Entry (Active Duty) \_\_\_\_\_  
Date of Discharge (from Active Duty) \_\_\_\_\_  
Did you receive an Honorable Discharge \_\_\_\_\_

#### **IF SURVIVING SPOUSE:**

DID YOU REMARRY AFTER DEATH OF VETERAN? \_\_\_\_\_

WERE YOU DIVORCED FROM THE VETERAN? \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

EMAIL to [Lori@goldstarseniorbenefits.com](mailto:Lori@goldstarseniorbenefits.com) OR FAX to 407-542-3358 (Before Scheduled Appointment)