

HAMMOND LAW, LLC
Long-Term Care Planning Questionnaire

Person for Whom Planning			
Name:		Date of Birth:	
Address:		SSN:	
		Citizenship:	
Phone:	Primary:		Alternate:
Email:			

Spouse of Person for Whom Planning			
Name:		Date of Birth:	
Address:		SSN:	
		Citizenship:	
Phone:	Primary:		Alternate:
Email:			Date of Death:

Family Members			
Name:		Date of Birth:	
Address:		SSN:	
		Relationship:	
Phone:	Primary:		Alternate:
Email:			
Names and Ages of Children:			

Family Members			
Name:		Date of Birth:	
Address:		SSN:	
		Relationship:	
Phone:	Primary:		Alternate:
Email:			
Names and Ages of Children:			

Family Members				
Name:			Date of Birth:	
Address:			SSN:	
			Relationship:	
Phone:	Primary:		Alternate:	
Email:				
Names and Ages of Children:				

Family Members				
Name:			Date of Birth:	
Address:			SSN:	
			Relationship:	
Phone:	Primary:		Alternate:	
Email:				
Names and Ages of Children:				

Family Members				
Name:			Date of Birth:	
Address:			SSN:	
			Relationship:	
Phone:	Primary:		Alternate:	
Email:				
Names and Ages of Children:				

Disability: Please list any disabled family members under age 65			
<i>Name</i>	<i>Relationship</i>	<i>Age</i>	<i>Benefits (SSI, SSDI, VA, Medicaid)</i>

Veteran Information: (Person for Whom Planning or Spouse)			
<i>Name of Veteran</i>	<i>Dates of Service</i>	<i>Discharge Status</i>	<i>Current Benefits</i>

Health Insurance for Person for Whom Planning (Medicare, Supplemental, Prescriptions)			
<i>Name of Company</i>	<i>Type of Policy</i>	<i>Policy Number</i>	<i>Premium</i>

Health Insurance for Spouse of Person for Whom Planning (Medicare, Supplemental, Prescriptions)			
<i>Name of Company</i>	<i>Type of Policy</i>	<i>Policy Number</i>	<i>Premium</i>

Long Term Care Insurance for Person for Whom Planning (Medicare, Supplemental, Prescriptions)				
<i>Name of Company</i>	<i>Daily Benefit</i>	<i>Out of Pocket Maximum</i>	<i>Length of Policy</i>	<i>Premium</i>

Health Status of Person for Whom Planning	
<i>Primary Diagnosis:</i>	
<i>Secondary Diagnosis:</i>	
<i>Prescriptions and Over the Counter:</i>	

Doctors of Person for Whom Planning:		
<i>Name</i>	<i>Specialty</i>	<i>Phone Number</i>

Current Health Care Arrangements for Person for Whom Planning:			
<i>Home Care</i>	<i>Frequency</i>	<i>Daily/Hourly Rate</i>	<i>Average Monthly Cost</i>
<i>Home Health Aide/Caregiver</i>			
<i>Adult Day Care</i>			
<i>Other</i>			
<i>In a Facility:</i>	<i>Admission Date</i>	<i>Daily/Monthly Rate</i>	<i>Average Extra Monthly Fees</i>

Past Admissions to Assisted Living or Nursing Facilities:			
<i>Name and Type of Facility</i>	<i>Admission Date</i>	<i>Discharge Date</i>	<i>Post-Discharge Placement</i>

Cognitive or Functional Impairment:	
<i>Mini-Mental Exam Score</i>	<i>Date Performed</i>

Activities of Daily Living and Behavioral Concerns:			
<i>Activities of Daily Living (ADLs)</i>	<i>Full Assistance</i>	<i>Minimal Assistance</i>	<i>Reminders</i>
Eating			
Bathing			
Mobility			
Dressing			

Toileting			
Continence			
<i>Behavioral Concerns</i>	<i>Always</i>	<i>Sometimes</i>	<i>Never</i>
Wandering			
Hallucinations			
Aggression			
Depression			
Self-Injurious Behavior			

Health Status of Spouse of Person for Whom Planning	
<i>Primary Diagnosis:</i>	
<i>Secondary Diagnosis:</i>	
<i>Prescriptions and Over the Counter:</i>	

Doctors of Spouse of Person for Whom Planning:		
<i>Name</i>	<i>Specialty</i>	<i>Phone Number</i>

Current Health Care Arrangements for Spouse of Person for Whom Planning:			
<i>Home Care</i>	<i>Frequency</i>	<i>Daily/Hourly Rate</i>	<i>Average Monthly Cost</i>
Home Health Aide/Caregiver			
Adult Day Care			
Other			
<i>In a Facility:</i>	<i>Admission Date</i>	<i>Daily/Monthly Rate</i>	<i>Average Extra Monthly Fees</i>

Past Admissions to Assisted Living or Nursing Facilities of Spouse:			
<i>Name and Type of Facility</i>	<i>Admission Date</i>	<i>Discharge Date</i>	<i>Post-Discharge Placement</i>

Cognitive or Functional Impairment of Spouse:	
<i>Mini-Mental Exam Score</i>	<i>Date Performed</i>

Income of Person for Whom Planning AND Spouse:					
<i>Source of Income</i>	<i>Payee</i>	<i>Gross Amount</i>	<i>Net Amount</i>	<i>Frequency</i>	<i>Direct Deposit Account</i>

Housing Expenses Associated with Principal Residence:		
<i>Expense</i>	<i>Amount</i>	<i>Frequency</i>
Mortgage or Rent (circle one)		
Real Estate Taxes (indicate if included in mortgage)		
Homeowner's Insurance (indicate if included in mortgage)		
Gas & Electric		
Heating Oil		
Condo/Co-Op/Homeowners' Association Fees		
Water/Sewer		
Ground Rent		
Other		

Trusts: Please indicate if the Person for Whom Planning or Spouse is the Beneficiary of a Trust

<i>Name of Trust</i>	<i>Trustee</i>	<i>Beneficiary</i>	<i>Date Established</i>	<i>Trust Value</i>

Real Property

<i>Address</i>	<i>Names on Deed</i>	<i>Date of Deed</i>	<i>Fair Market Value</i>

Funeral Arrangements

Cemetery Plots

<i>Name of Cemetery</i>	<i>Number of Vacant Plots</i>	<i>Owner(s)</i>

Pre-Arranged Funeral

<i>Name of Funeral Home</i>	<i>Revocable or Irrevocable</i>	<i>For Whom</i>	<i>Amount Paid</i>

Automobiles

<i>Make and Model</i>	<i>Owner(s)</i>	<i>Outstanding Loan</i>	<i>Mileage</i>	<i>Condition</i>

Life Insurance				
<i>Company</i>	<i>Policy #</i>	<i>Owner</i>	<i>Face Value</i>	<i>Cash Value</i>

Accounts (Checking, Savings, Money Market, CDs)				
<i>Bank</i>	<i>Account #</i>	<i>Name(s) on Account</i>	<i>Type of Account</i>	<i>Current Value</i>
Total:				

Securities (Brokerage Accounts, Stocks, Bonds, Mutual Funds, Savings Bonds)				
<i>Bank</i>	<i>Account #</i>	<i>Name(s) on Account</i>	<i>Type of Account</i>	<i>Current Value</i>
Total:				

Tax Deferred (IRA, 403(b), 457, 401(k), Keogh, Qualified and Non-Qualified Annuities)				
<i>Bank</i>	<i>Account #</i>	<i>Name(s) on Account</i>	<i>Type of Account</i>	<i>Current Value</i>
Total:				

Debts: Loans, Mortgages, Credit Cards, Lines of Credit, Car Loans or Other Debts of Either Spouse		
<i>Creditor</i>	<i>Debtor</i>	<i>Principal Balance</i>

Miscellaneous Assets (Owned for Investment/Value Purposes (antiques, furs, art, jewelry, etc.))		
<i>Type of Asset</i>	<i>Owner(s)</i>	<i>Value</i>

Legal Documents		
<i>Type of Document</i>	<i>Whose?</i>	<i>Comments (Leave Blank for Attorney)</i>
Last Will & Testament		
Last Will & Testament		
Financial Power of Attorney		
Financial Power of Attorney		
Medical Advance Directive		
Medical Advance Directive		
Living Will		
Living Will		
Trust		
Trust		

Person Completing This Form		
<i>Name</i>	<i>Phone</i>	<i>Date</i>

Who referred you to us? We'd like to thank them.	
<i>Name</i>	<i>Phone</i>