Webber Law, PLLC

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**INTAKE QUESTIONNAIRE**

|  |  |
| --- | --- |
| **CLIENT #1** | **CLIENT #2** |
| NAME: | NAME: |
| MARITAL STATUS: | MARITAL STATUS: |
| PRIOR MARRIAGES (Y/N) | PRIOR MARRIAGES (Y/N) |
| DOB: | DOB: |
| ADDRESS | ADDRESS |
| CITY, STATE, ZIP | CITY, STATE, ZIP |
| HOME PHONE | HOME PHONE |
| CELL PHONE | CELL PHONE |
| EMAIL | EMAIL |
| LAST FOUR of SSN | LAST FOUR of SSN |
| VETERAN? (Y/N) | VETERAN? (Y/N) |
| IF YES, SERVICE DATES | IF YES, SERVICE DATES |
| RESIDING IN FACILITY (Y/N) | RESIDING IN FACILITY (Y/N) |

**CONTACT PERSON (If Not Client):**

|  |  |
| --- | --- |
| NAME | RELATIONSHIP TO CLIENT |
| ADDRESS | PHONE |
|  |  |
| EMAIL |  |

**CHILDREN**:

**Child #1 Child #2**

|  |  |
| --- | --- |
| NAME: | NAME |
| RELATIONSHIP TO CLIENT | RELATIONSHIP TO CLIENT |
| MARITAL STATUS | MARITAL STATUS |
| DOB: | DOB: |
| ADDRESS | ADDRESS |
| CITY, STATE, ZIP | CITY, STATE, ZIP |
| HOME PHONE | HOME PHONE |
| CELL PHONE | CELL PHONE |
| EMAIL | EMAIL |
| DISABILITY (Y/N) | DISABILITY (Y/N) |

**Child #3 Child #4**

|  |  |
| --- | --- |
| NAME | NAME |
| RELATIONSHIP TO CLIENT | RELATIONSHIP TO CLIENT |
| MARITAL STATUS | MARITAL STATUS |
| DOB | DOB |
| ADDRESS | ADDRESS |
| CITY, STATE, ZIP | CITY, STATE, ZIP |
| HOME PHONE | HOME PHONE |
| CELL PHONE | CELL PHONE |
| EMAIL | EMAIL |
| DISABILITY (Y/N) | DISABILITY (Y/N) |

**ACTIVITIES OF DAILY LIVING (ADL) ASSESSMENT**

Is Client, living in, pending discharge to, or otherwise considering a long term care facility?

Name of Facility: Proposed Entry Date:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Need No Help** | | **Need Some Help** | | **Unable To Do At All** | |
| Bathing | Client #1 | Client #2 | Client #1 | Client #2 | Client #1 | Client #2 |
| Dressing |  |  |  |  |  |  |
| Transfer from Bed to Chair |  |  |  |  |  |  |
| Walking |  |  |  |  |  |  |
| Feeding |  |  |  |  |  |  |
| Continence |  |  |  |  |  |  |
| Taking Medication |  |  |  |  |  |  |

**ASSET INVENTORY**

**NOTE: If you run out of space, please write additional asset information on a separate page.**

1. **Real Estate**

|  |  |
| --- | --- |
| **Property #1** |  |
| **Address:** | **Approximate Value (Zillow/Tax Assessed Value):** |
| **Primary Residence: (Y/N)** | **PIN:** |
|  |  |
| **Property #2** |  |
| **Address:** | **Approximate Value (Zillow/Tax Assessed Value):** |
| **Primary Residence: (Y/N)** | **PIN:** |

1. **CASH AND BANK ACCOUNTS**

**Account #1**

|  |  |
| --- | --- |
| **Owner(s)** | **Type of Account** |
| **Approximate Value** |  |

**Account #2**

|  |  |
| --- | --- |
| **Owner(s)** | **Type of Account** |
| **Approximate Value** |  |

**Account #3**

|  |  |
| --- | --- |
| **Owner(s)** | **Type of Account** |
| **Approximate Value** |  |

1. **SECURITIES**

**Account #1**

|  |  |
| --- | --- |
| **Owner(s)** | **Type of Security** |
| **Institution** | **Approximate Value** |
| **Beneficiaries** |  |

**Account #2**

|  |  |
| --- | --- |
| **Owner(s)** | **Type of Security** |
| **Institution** | **Approximate Value** |
| **Beneficiaries** |  |

**Account #2**

|  |  |
| --- | --- |
| **Owner(s)** | **Type of Security** |
| **Institution** | **Approximate Value** |
| **Beneficiaries** |  |

1. **RETIREMENT ACCOUNTS (IRA, 401(k), 403(b), KOEGH)**

**Account #1 - IRA**

|  |  |
| --- | --- |
| **Owner** | **Institution** |
| **Approximate Value** | **Beneficiaries** |

**Account #1 - IRA**

|  |  |
| --- | --- |
| **Owner** | **Institution** |
| **Approximate Value** | **Beneficiaries** |

**Account #1**

|  |  |
| --- | --- |
| **Owner** | **Institution** |
| **Approximate Value** | **Beneficiaries** |

1. **LIFE INSURANCE**

**Policy #1 -**

|  |  |
| --- | --- |
| **Owner** | **Insured** |
| **Institution** | **Face Value** |
| **Cash Value** | **Beneficiaries** |

**Policy #2**

|  |  |
| --- | --- |
| **Owner** | **Insured** |
| **Institution** | **Face Value** |
| **Cash Value** | **Beneficiaries** |

**Policy #3**

|  |  |
| --- | --- |
| **Owner** | **Insured** |
| **Institution** | **Face Value** |
| **Cash Value** | **Beneficiaries** |

1. **VEHICLES (Car, Boat, RV)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Make** | **Model** | **Mileage** | **Condition** |
|  |  |  |  |  |
| **Year** | **Make** | **Model** | **Mileage** | **Condition** |
|  |  |  |  |  |
| **Year** | **Make** | **Model** | **Mileage** | **Condition** |
|  |  |  |  |  |

1. **LONG TERM CARE INSURANCE (Please provide a copy of Policy) N/A**

**Policy #1**

|  |  |
| --- | --- |
| **Insured** | **Company** |
| **Date Purchased** | **Inflation Rider (circle one) YES or NO** |
| **Daily Benefit** | **Maximum Coverage** |

**Policy #2**

|  |  |
| --- | --- |
| **Insured** | **Company** |
| **Date Purchased** | **Inflation Rider (circle one) YES or NO** |
| **Daily Benefit** | **Maximum Coverage** |

1. **TRUSTS or BUSINESS INTERESTS**

**Please list your interest in any Trust or Business entity:**

Name of Trust or Business:

Interest in Trust or Business:

Approximate Value:

1. **INCOME**

|  |  |  |
| --- | --- | --- |
| **Source** | **Monthly Amount** | **Recipient** |
| **Social Security** |  |  |
| **Social Security** |  |  |
| **Retirement** |  |  |
| **Retirement** |  |  |
| **Pension** |  |  |
| **Pension** |  |  |
| **Annuity** |  |  |
| **Annuity** |  |  |
| **Other** |  |  |
| **Other** |  |  |

1. **DEBTS**

|  |  |
| --- | --- |
| **Mortgage/Home Equity** | **Credit Cards** |
|  |  |
| **Car Loan** | **Other** |

1. **GIFTS**

**List Approximate Total of Gifts Made Within Last 5 Years:**