Long-Term Care Financial and Personal Resources Review

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Personal and Family Information

Name	Date of Birth	Cell Phone Number	E-Mail Address
Client	___ / ___ / ___		
Spouse	___ / ___ / ___		
Children	___ / ___ / ___		
	___ / ___ / ___		

Residence Information

Street Address: _____

City, State, Zip: _____

Telephone No: _____

[ ] Own? Mortgage Pmt: $_____ Balance: $_____

[ ] Rent? Monthly Rent: $_____

Employment Information

	Client	Spouse
Occupation:		
Employer:		
Annual Income:	$	$
Other Income:	$	$

Long-Term Care Planning Concerns

What are your biggest concerns about planning for your health care as you age? (check all that apply)

[ ] Exhausting my assets and/or income to pay for needed health care.

[ ] Becoming a burden to my family and/or friends to help care for me.

[ ] Maintaining control over my health care decisions.

[ ] Keeping my dignity in the event I need extended care.

[ ] Other: _____

Financial Information

Assets		**Liabilities**	
Savings	$	Installment Loans	$
Investments	$	Mortgage(s)	$
IRA(s)	$	Charge Accounts	$
Real Estate	$	Credit Cards	$
Business Interests	$	Personal Notes	$
Personal Property	$	Business Debt	$
Other	$	Other	$
Total Assets	**$**	**Total Liabilities**	**$**

Monthly Systematic Savings: $_____

Insurance Information

Life Insurance

Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary
				$	$	
				$	$	
				$	$	

Monthly Disability Benefit: Client $_____ Spouse $_____

Critical Illness Ins. Benefit: Client $_____ Spouse $_____

Health Insurance: Client _____ Spouse _____

Long-Term Care Insurance: Client _____ Spouse _____

P&C Expiration Dates: Auto _____ Homeowners _____ Other _____

Document Information

Client's Will: Date _____ Type _____

Spouse's Will: Date _____ Type _____

Professional Advisors

Attorney:		Phone:	
Accountant:		Phone:	
Insurance Agent:		Phone:	
Financial Planner:		Phone:	

Long-Term Care Resources

1. Health Coverage

Do you believe your current health coverage adequately covers:

A. Hospitalization costs? Yes No

B. Nursing home costs? Yes No

C. Home health care costs? Yes No

D. Assisted living costs? Yes No

2. Health Care Preferences

If you suffered a long-term disability as a result of a stroke, where would you prefer to receive care?

A. Nursing home? Yes No

B. Assisted living facility? Yes No

C. Own home? Yes No

3. Financial Resources for Health Care

If you were faced with an annual $129,575* nursing home bill right now, how would you pay for it?

A. From savings? Yes No

B. Bank loan? Yes No

C. Other sources? Describe: _____ Yes No

* The Genworth 2025 Cost of Care Survey found the national median daily rate in 2025 for a private room in a nursing home was $355, or $129,575 annually.

For how long could you personally afford to pay an annual $129,575 nursing home bill from those resources?

A. 1 year? Yes No

B. 2.5 years (the average nursing home stay)? Yes No

C. 5 years or longer? Yes No

Will your children be in a financial position to help pay for this care? Yes No

Given a choice, how would you prefer to pay for this care?

A. Private resources? Yes No

B. Insurance benefits? Yes No

If your answer is insurance, is there any reason why you haven't purchased it? _____

4. Personal Resources for Health Care

If you became ill tomorrow, would your family:

A. Be able to provide you with at-home medical care? Yes No

B. Have the time to provide you with at-home care?

For a week? Yes No

For a month? Yes No

Nine months? Yes No

A year or more? Yes No

C. Be physically able to provide at-home care on a long-term basis? Yes No

D. Be able to quit work to provide care? Yes No

5. Goals for Financial Resources

A. Would you like to leave an estate to your children? Yes No

B. Would you like to help pay for your grandchildren's education? Yes No

C. Do you want to remain in control of decisions regarding your health care? Yes No

D. Would you want to die impoverished and in debt? Yes No

Important Information

The information, general principles and conclusions presented in this report are subject to local, state and federal laws and regulations, court cases and any revisions of same. While every care has been taken in the preparation of this report, VSA, L.P. is not engaged in providing legal, accounting, financial or other professional services. This report should not be used as a substitute for the professional advice of an attorney, accountant, or other qualified professional. This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.