



701 Pike Street, Suite 1510
 Seattle, Washington 98101
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CONFIDENTIAL
LONG-TERM CARE PLANNING QUESTIONNAIRE

Name & relationship of person completing the form: _____

Personal Information:

	Long-Term Care Candidate	Spouse / Registered Domestic Partner (if applicable)
Full name:	_____	_____
Birth date:	_____	_____
Current address:	_____ _____	_____ _____
Home telephone:	_____	_____
Email address:	_____	_____
Supplemental Health Insurance (if any):	_____	_____
	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Veteran	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Veteran
Marital Status:	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> registered domestic partners <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> Other: _____	

Care Setting (if applicable):

Long-Term Care Candidate Care Setting:	<input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Home	<input type="checkbox"/> Adult Family Home <input type="checkbox"/> Personal Care at Home
Name of Facility:	_____	
Address:	_____ _____	
Date of Admission:	_____	
Is Spouse / Reg. Domestic Partner also in Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Assets & Resources: *exact amounts are not required*

Bank & Credit Union Accounts

Bank	Name(s) on Account	Type of Account	Balance

Stocks, Bonds, Mutual Funds, CDs

Institution	Name(s) on Account	Type of Investment	Balance

Life Insurance

Company	Owner of Policy	Whose life is insured?	Who is the beneficiary?	Cash Surrender Value

Annuities

Company	Owner of Policy	Cash Surrender Value

IRAs/ Retirement Accounts

Company	Type (i.e., 401k)	Owner of Policy	Balance

Real Estate:

Street Address	City, State Zip	Owners	Fair Market Value	Mortgage Balance

Real Estate Sold in the Past Five (5) Years

Street Address	City, State Zip	Year of Sale	Sold for less than fair market value? Y/N	Sale Price

Vehicles/Boats/RVs

Type	Year	Model	Owe?	Value

Other Assets

Burial Plots	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepaid Funeral Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please describe):	

Monthly Income:

Type	Long-Term Care Candidate	Spouse / Reg. Domestic Partner
Social Security	_____	_____
Pension	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____

Monthly Shelter Expenses (approximate values are okay):

Type	Long-Term Care Candidate	Spouse / Reg. Domestic Partner
Rent or Mortgage payments	_____	_____
Condo or HOA dues	_____	_____
Property taxes	_____	_____
Utilities	_____	_____
Other	_____	_____

Debts:

Type	Long-Term Care Candidate	Spouse / Reg. Domestic Partner
Mortgage(s)	_____	_____
Home equity line of credit	_____	_____
Credit cards	_____	_____
Personal loans	_____	_____
Other	_____	_____

Gifts Made In the Last Five (5) Years:

To Whom	What (cash, vehicle, real estate)	Date	Value

Do you have the following? If 'yes,' please provide a copy or bring to appointment.

Document	LTC Candidate	Spouse / Reg. Domestic Partner
Last Will & Testament	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Durable Power of Attorney for Finances	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community Property Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Children:

Child's Name	Birth date	Child of Long-Term Care Candidate	Child of Spouse / Reg. Domestic Partner
1. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information: