

# Farrell & Johnson PLLC

## Long-Term Care & Estate Planning Questionnaire

Questionnaire completed by \_\_\_\_\_

Relationship \_\_\_\_\_

Conference is scheduled on \_\_\_\_\_ Who will attend? \_\_\_\_\_

Relationship  Self  \_\_\_\_\_

*Please do not try to convert this to Word. Open it in Adobe Acrobat and fill in the blanks, or print and complete in ink.*

<b>Full Name</b>	
<b>Date of Birth</b>	<b>Citizenship</b> <input type="checkbox"/> U.S. <input type="checkbox"/> Resident Alien <input type="checkbox"/> Neither
<b>SSN:</b>	
<b>Home Address</b>	<b>Mailing address (if different )</b>
<b>County</b>	<b>Email</b>
<b>Phone (Best)</b>	<b>Phone (Other)</b>
<b>Living Arrangements</b> <input type="checkbox"/> Own Home <input type="checkbox"/> Rent-House/Apt. <input type="checkbox"/> Rent-Assisted Living <input type="checkbox"/> No Rent-Home of _____ <input type="checkbox"/> Nursing Facility _____  <b>Who else lives there(if not Nursing Home or ALF)</b>	<b>Marital History</b> <input type="checkbox"/> Never married <input type="checkbox"/> Previously married -- Name of most recent spouse _____ Date of Marriage _____ Marriage ended in <input type="checkbox"/> Divorce Date _____ County _____ <input type="checkbox"/> Death Date of Death _____

### *Nursing Home/Hospital Information (if applicable)*

Date In	Date Out	Name of Facility (& place if not Austin)	Nursing Home	Hosp	Rehab

Is Medicare paying for your nursing home stay now?  Yes  No

Who provides significant assistance for you now? \_\_\_\_\_

**Future care needs**  Hospital  Nursing Home  ALF  Home Care 24/7  Home Care \_\_\_hrs/week  None

**Life Expectancy**  No known limit  Less than 6 months, according to physician  Uncertain

## *Your Health*

**Diagnoses** \_\_\_\_\_  
 \_\_\_\_\_

**Medication(s)** \_\_\_\_\_  
 \_\_\_\_\_

Taking medication "as needed" (PRN)

**Personal care you are getting now** \_\_\_\_\_  
 \_\_\_\_\_

Using wheelchair     Using walker

Sometimes wanders     In locked unit or area

**Activities you need help with (check all that apply)**

Dressing             Bathing             Toileting             Transferring             Eating

Continence             Medications             Walking

**Mental status (check all that apply, even if only from time to time when "at your best")**

Recognize friends & family     Yes     No     Sometimes

Can describe own money & property     Yes     No     Sometimes

Can name all close family members     Yes     No     Sometimes

Can converse     Yes     No     Sometimes

Comments \_\_\_\_\_  
 \_\_\_\_\_

*Attorney use only*

Medicaid "medical necessity"?     Yes     No     Uncertain

Capacity to sign POA's?     Yes     No     Uncertain

Capacity to sign will?     Yes     No     Uncertain

Capacity to make gifts?     Yes     No     Uncertain

## *Your Medical Expenses*

<b>Medical Expense</b>	<b>Cost/Month</b>
<input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Home Care <input type="checkbox"/> Sitter	
Medications (out of pocket expense)	
<input type="checkbox"/> Medicare Part A <input type="checkbox"/> Medicare Part B	
<input type="checkbox"/> Medicare Part D	
<input type="checkbox"/> Medicare Supplement Insurance Company or Medicare Advantage Plan Name _____	
<input type="checkbox"/> Other Medical Insurance Type _____ Company _____	
<input type="checkbox"/> Long Term Care Insurance Maximum it will pay per month: \$ _____ Maximum months it will pay: _____	
Other out of pocket Medical Expenses	

## *Your Family*

Do you have one or more living children?  Yes  No

Do you have any grandchildren who are children of a deceased child of yours?  Yes  No

Anyone in your family under age 21?  Yes  No Anyone in your family have a disability?  Yes  No

*List below your children. If a child of yours has died, also list his or her children (your grandchildren)  
If you have no children, list your closest family or friends and the relationship.*

**Child One** Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Age \_\_\_\_\_ Married?  Yes  No Disabled?  Yes  No  Uncertain  
**Communication Authorized with this Person\*?**  Yes  No

**Child Two** Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Age \_\_\_\_\_ Married?  Yes  No Disabled?  Yes  No  Uncertain  
**Communication Authorized with this Person\*?**  Yes  No

**Child Three** Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Age \_\_\_\_\_ Married?  Yes  No Disabled?  Yes  No  Uncertain  
**Communication Authorized with this Person\*?**  Yes  No

**Child Four** Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Age \_\_\_\_\_ Married?  Yes  No Disabled?  Yes  No  Uncertain  
**Communication Authorized with this Person\*?**  Yes  No

**Child Five** Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Age \_\_\_\_\_ Married?  Yes  No Disabled?  Yes  No  Uncertain  
**Communication Authorized with this Person\*?**  Yes  No

<i>Attorney Notes re family and other sources of support, conflict or difficulty</i> _____ _____ _____ _____
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*\*if you select "yes," you will be waiving confidentiality and attorney-client privilege with regard to communications shared with that person.*

**Information Concerning Your Residence, If Owned By You**

Address already entered on page 1. If not, street address: \_\_\_\_\_

Title is in the name of  You only  \_\_\_\_\_

Property tax "fair market value" \$ \_\_\_\_\_

What you believe it would sell for if different: \$ \_\_\_\_\_

Mortgage balance  Nothing (paid off)  Presently owe \$ \_\_\_\_\_

Who lives there now? \_\_\_\_\_

Does your unmarried son or daughter live there?  Yes  No

Does your son or daughter who has provided care for you for 2 years live there?  Yes  No

Other information concerning your residence that may be important \_\_\_\_\_

**Non-Homestead Real Property #1**

Location \_\_\_\_\_

Oil, Gas, or Mineral Royalty? Leased?  Yes  No Producing?  Yes  No

Acquired by  Purchase  Inheritance  Gift On or about \_\_\_\_\_

Title is in the name of \_\_\_\_\_

Income per month \$ \_\_\_\_\_

Property tax "fair market value" \$ \_\_\_\_\_

What you believe it would sell for if different: \$ \_\_\_\_\_

Mortgage  Nothing (paid off)  Presently owe \$ \_\_\_\_\_

Who lives there now?  Tenant who pays no rent  Tenant who pays rent of \$ \_\_\_\_\_ / month

Tenant is family member? \_\_\_\_\_

**Non-Homestead Real Property #2**

Location \_\_\_\_\_

Oil, Gas, or Mineral Royalty? Leased?  Yes  No Producing?  Yes  No

Acquired by  Purchase  Inheritance  Gift On or about \_\_\_\_\_

Title is in the name of \_\_\_\_\_

Income per month \$ \_\_\_\_\_

Property tax "fair market value" \$ \_\_\_\_\_

What you believe it would sell for if different: \$ \_\_\_\_\_

Mortgage  Nothing (paid off)  Presently owe \$ \_\_\_\_\_

Who lives there now?  Tenant who pays no rent  Tenant who pays rent of \$ \_\_\_\_\_ / month

Tenant is family member? \_\_\_\_\_

## *Assets*

Description	Title	Most Recent Market Value	Debt secured by this asset	Beneficiary at Death (other than by will) if any
Most Valuable Vehicle <sup>2</sup>				
Vehicle 2				
Vehicle 3				
Gravesite/Marker				
Prepaid Funeral Contracts				
Prepaid Funeral Contracts				
Household Goods held for investment value rather than personal use; Insured?				
Bank & Credit Union accounts (checking, savings, CDs, money market funds, other cash equiv.)				
Brokerage Accounts and other non-retirement (non-tax-qualified) investment accounts				
“Non-qualified” Annuities				
Retirement Accounts IRA, 401(k), 403(b), Qualified Annuities				

<sup>2</sup> Enter year, make, and model for all vehicles, including all motorcycles, boats, trailers, RVs, etc..

Description	Title	Most Recent Market Value	Debt secured by this asset	Beneficiary at Death (other than by will) if any
Certificated Shares, Bonds, Private Business interests, contract rights, notes receivable, etc.				
Life Insurance Policies <i>You Own</i> Insurance company name:	Insured Life	Cash Value	Death Benefit	Beneficiaries
Safe Deposit Box Contents		Value		
Other Assets, Rights, Expected Receipts/refunds		Value		
<b>TOTAL ASSETS</b>				

### *Your Debts*

How many credit cards do you have? \_\_\_\_\_ Payments current?  Yes  No

Usual total expenses/month \$ \_\_\_\_\_

Description	Amount
Homestead Debt	
Other Secured Debt	
Unsecured Debt	
Unsecured Debt	
<i>Attorney Use only</i>	
<i>Total debt</i>	
<i>Net(after debts) countable resources</i>	

*Attorney Notes re Closed Accounts*

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## *Trusts & Transfers*

**Are you beneficiary of a trust?**     Yes  No  
**Transferred assets to a trust?**     Yes  No  
**Anticipate an inheritance?**         Yes  No  
**Received an inheritance?**             Yes  No

**Have you transferred cash or anything else, for less than fair market value, in last 5 years?**  
 Yes  No     If Yes Recipient \_\_\_\_\_  
 Asset description \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Received in return  Nothing (Gift)  \$ \_\_\_\_\_ Cash  Other \_\_\_\_\_  
 Was the transfer motivated, at least in part, by need for Medicaid eligibility?  Yes  No  
 If No, explain purpose(s) of transfer: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Attorney Notes re Transfers*

\_\_\_\_\_

\_\_\_\_\_

## *Military Service*

Have you, a spouse or deceased child(ren) ever been in the U. S. armed forces?  YES  NO  
 If so, is the veteran deceased, of service related cause(s)?     YES  NO  
 Does the veteran now have any service-related disability?     YES  NO  
 If so, is the disability 100%?  YES  NO If so, number of years it has been 100%: \_\_\_\_\_

Veteran's Name	Service Branch	Dates on Active Duty <sup>1</sup>	Type of Discharge*
			H <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/>
			H <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/>
			H <input type="checkbox"/> G <input type="checkbox"/> D <input type="checkbox"/>

*\* H=Honorable G=General D=Dishonorable*

<sup>1</sup> Do not include Active Duty for Training. Do include active duty of a reservist or National Guard member when "called up" (activated).

Please indicate monthly income

Monthly  
Income

<b>FIXED INCOME</b>	<b>Amount</b>
Social Security <i>Net</i> Monthly Payment	
Medicare Part B premium deducted	
Medicare Part D premium deducted	
Supplemental Security Income (SSI)	
VA Disability or Pension <i>Net</i> Monthly Payment	
Railroad Retirement <i>Net</i> Monthly Payment	
Civil Service Annuity <i>Net</i> Monthly Payment	
Required Minimum Distributions (average monthly)	
Pension <i>Net</i> Monthly Payment	
Annuities <i>Net</i> Monthly Payment	
Total of "Possible Deductions" below	
<i>Attorney use only</i>	<i>Total fixed</i>
<b>VARIABLE INCOME</b>	
Gross Earned Income	
Interest	
Dividends	
Rental/Notes	
Oil & Gas	
Farm or Other Business Income	
Other Income	
<i>Attorney use only</i>	<i>Total variable</i>
	<i>Total income</i>
<b>POSSIBLE DEDUCTIONS</b>	
Tax withheld from pension (monthly)	
Medical ins. premiums withheld from pension (monthly)	
Medical ins. premiums not withheld from pension (monthly)	
Total of Possible Deductions	



**Questions concerning legal documents**

Document	Do you have this document?
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Durable Power of Attorney (Financial)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Power of Attorney for Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Directive to Physicians (Living Will)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Court Appointed Guardianship of <input type="checkbox"/> Estate <input type="checkbox"/> Person	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Living (Revocable) Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain
Documents funding Living Trust (deeds, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain

*Attorney use only-- Notes concerning legal documents:*

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**Your Goals:**

- Acquire the best possible long term care, within his/her financial ability
- Keep in the family certain assets
- Acquire effective wills and powers of attorney
- Protect a child or other person with a disability
- Other

**Checklist for Plan Preparation:**

**How to obtain documents to copy:**

- Client provided all copies needed
- We copied all at first conference
- Return original documents with plan after copying
- Call \_\_\_\_\_ to pick up documents after copying
- Have documents hand delivered to \_\_\_\_\_ after copying

**How to deliver plan:**

- Call \_\_\_\_\_ to pick up at our office
- Have plan hand delivered to \_\_\_\_\_
- Have plan delivered by Fed Ex to \_\_\_\_\_
- Mail plan to the following: \_\_\_\_\_
- Email plan to the following: \_\_\_\_\_