



QUESTIONNAIRE

PERSONAL DATA

Date: _____ **Referred by:** _____

Name: _____ DOB: ____/____/____ SS#: ____-____-____

Address: _____

City _____ State _____ Zip _____

Veteran: ____ (Y or N) Dates of service: _____

Nursing Home / Asst. Living Facility (currently resides) _____

Address: _____

Home Phone: _____ Cell Phone: _____

SPOUSE'S INFORMATION:

Name: _____ DOB: ____/____/____ SS#: ____-____-____

Address: _____

City _____ State _____ Zip _____

Veteran: ____ (Y or N) Dates of service: _____

If deceased, Date of Death: ____/____/____

Home Phone: _____ Cell Phone: _____

CONTACT PERSON: _____ Relationship to client: _____

Phone: _____ Email: _____

Address: _____

City _____ State _____ Zip _____

CHILDREN: *List all children. Attach additional pages if needed.* **Total # of all Children** _____

Name: _____ DOB: ____/____/____ Marital Status: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Name: _____ DOB: ____/____/____ Marital status: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Name: _____ DOB: ____/____/____ Marital status: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Email: _____

Are any of the above named children deceased? YES _____ NO _____

Have you or your spouse been married before? YES _____ NO _____

If yes, do you or your spouse have any children from the previous marriage? YES _____ NO _____

Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? YES _____ NO _____

Do you and your spouse have a pre-nuptial or post-nuptial agreement? YES _____ NO _____

MEDICAL / DISABILITY:

Is anyone in your family disabled or have special needs? YES _____ NO _____

Is anyone at risk of becoming seriously ill or disabled because of a medical condition or family history:

If yes, please explain: _____

CAPACITY:

	<u>Person in Need</u>	<u>Spouse</u>
Able to sign name?:	[] Yes [] No	[] Yes [] No
Able to speak?:	[] Yes [] No	[] Yes [] No
Able to recognize friends and family?:	[] Yes [] No	[] Yes [] No
Cognizant of property and possessions?:	[] Yes [] No	[] Yes [] No
Able to leave current residence?:	[] Yes [] No	[] Yes [] No

HEALTH INSURANCE:

	<u>Person in Need</u>	<u>Spouse</u>
Medicare	Yes _____	Yes _____
Insurance from Employer	Yes _____	Yes _____
Medicare Supplement	Yes _____	Yes _____
Long-Term Care Insurance	Yes _____	Yes _____
Other	Yes _____	Yes _____
Has anyone ever applied for Medicaid benefits? ____ If so, when _____		
Has applicant made any transfers or gifts during the past five years? _____		

FIXED MONTHLY INCOME:

	<u>Person in Need</u>	<u>Spouse</u>
1. Social Security:	\$ _____	\$ _____
2. Pension:	\$ _____	\$ _____
3. Dividends:	\$ _____	\$ _____
4. Interest:	\$ _____	\$ _____
5. Other:	\$ _____	\$ _____

FINANCIAL:

Assets: Bank Accounts, CDs, Brokerage Accounts, IRAs, Annuities, Stocks, Corporate or US Bonds, Safe Deposit Box, Other

<u>Description & Location</u>	<u>Approximate Value</u>	<u>In Whose Name (Titled)</u>
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____

HOME AND REAL ESTATE:

<u>Description of Property</u>	<u>Homestead?</u>	<u>In Whose Name (Titled?)</u>
_____	Yes ____ No ____	_____
_____	Yes ____ No ____	_____
_____	Yes ____ No ____	_____
_____	Yes ____ No ____	_____

Is the home on the property a Manufactured Home? Yes ____ No ____

Do you own or rent the land? _____

PERSONAL PROPERTY: *Vehicles, RVs, etc.*

<u>Description & Location</u>	<u>Value</u>	<u>In Whose Name (Titled)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

MONTHLY COST OF LIVING: *Estimated costs per month*

Electric: \$ _____	Water: \$ _____
Telephone: \$ _____	Homeowners Ins: \$ _____
HOA fees: \$ _____	Property Taxes: \$ _____
Other: \$ _____	Other: \$ _____
Other: \$ _____	Other: \$ _____

LIABILITIES: *Mortgages and Loans*

Description	Balance Due	Monthly Payment	Maturity Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE:

Company	Term/Whole Life	Face Value	Cash Value	Owner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you or your spouse have any Prospective Inheritances or Business Interest? Circle **Yes or No**
If yes, please explain: _____

BURIAL PLOT, BURIAL/CREMATION CONTRACT:

With whom? _____ Irrevocable? Yes ____ No ____

Owner's name: _____

Cemetery Name: _____

Is it Pre-paid? Yes ____ No ____

GOALS / CONCERNS:
