

Please help us by filling out this form for your consultation.

For Office Use Only
FU/C _____ @ _____
X _____ @ _____
File No. _____

Confidential Financial Survey for Facility Care

We recognize that this information is of a personal nature. We assure you that all information provided to this office by you will be treated confidentially and will not be revealed to anyone outside of this office without your permission.

Date: _____

NAME OF PERSON REQUIRING CARE: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

RECEIVING HOME CARE? _____ YES _____ NO

IF IN NURSING HOME, DATE OF ADMISSION: _____

ADDRESS PRIOR TO ADMISSION: _____

HOME TELEPHONE #: _____ DATE OF BIRTH: _____

SPOUSE

NAME: _____ DATE OF BIRTH: _____

IF DECEASED, DATE OF DEATH: _____

RESIDENCE ADDRESS (IF DIFFERENT): _____

HOME TELEPHONE # (IF DIFFERENT): _____

NAME OF CONTACT PERSON: _____

ADDRESS: _____

HOME TELEPHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS (PLEASE PRINT): _____

NAMES, ADDRESSES AND TELEPHONE NUMBERS OF CHILDREN:

FAMILY ASSETS

OWN HOME? _____ YES _____ NO

IF YES, TYPE OF OWNERSHIP: _____ JOINT _____ HUSBAND _____ WIFE

ADDRESS: _____

APPROXIMATE VALUE: _____

IS THERE A MORTGAGE ON THE PROPERTY?

_____ YES _____ NO

IS THERE A LIFE ESTATE INTEREST IN ANY PROPERTY?

_____ YES _____ NO

LIST ALL BANK ACCOUNTS AND CDS:

NAME OF BANK	ACCOUNT #	TYPE OF OWNERSHIP	APPROXIMATE BALANCE
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LIST ANY STOCKS, BONDS OR MUTUAL FUNDS OWNED:

NAME OF INSTITUTION	NAME(S) ON TITLE	CURRENT VALUE
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LIST ANY LIFE INSURANCE POLICIES AND/OR ANNUITIES OWNED:

POLICY OWNER	INSURED	CASH VALUE	DEATH BENEFIT
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LIST ANY RETIREMENT FUNDS (IRAS, 401(k)s, ETC.):

ACCOUNT OWNER	BENEFICIARY	CURRENT VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>ANY BUSINESS INTEREST/OWNERSHIP?</u>	MARKET VALUE
_____	_____

<u>ANY COLLECTIBLES (ANTIQUES, COINS, JEWELRY, ETC.)?</u>	MARKET VALUE
_____	_____

<u>IS ANY MONEY OWED (MORTGAGE, PERSONAL LOAN, ETC.)?</u>	DESCRIPTION
_____	_____

HAVE ANY ASSETS BEEN TRANSFERRED IN THE PAST FIVE YEARS?

_____ YES _____ NO

IF YES:

TYPE OF ASSET	VALUE	TRANSFERRED TO	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME:

	APPLICANT	SPOUSE
SOCIAL SECURITY	_____	_____
PENSION:	_____	_____
VETERAN BENEFITS:	_____	_____
OTHER:	_____	_____

OCCUPATION/COMPANY PRIOR TO RETIREMENT: _____

	APPLICANT	SPOUSE
IS APPLICANT OR SPOUSE A VETERAN?	___ YES ___ NO	___ YES ___ NO
DO YOU:		
- HAVE ANY DEPENDENTS WITH SPECIAL NEEDS?	___ YES ___ NO	___ YES ___ NO
- HAVE A PREPAID FUNERAL?	___ YES ___ NO	___ YES ___ NO
IF YES, NAME OF FUNERAL DIRECTOR:	_____	

- HAVE A BURIAL PLOT?	___ YES ___ NO	___ YES ___ NO
- OWN AN AUTOMOBILE?	___ YES ___ NO	___ YES ___ NO
- HAVE A SAFE DEPOSIT BOX?	___ YES ___ NO	___ YES ___ NO
- HAVE A WILL?	___ YES ___ NO	___ YES ___ NO
- HAVE A TRUST?	___ YES ___ NO	___ YES ___ NO
- HAVE A POWER OF ATTORNEY?	___ YES ___ NO	___ YES ___ NO
IF YES, HELD BY WHOM?:	_____	

- HAVE A HEALTH CARE PROXY?	___ YES ___ NO	___ YES ___ NO
- HAVE A LIVING WILL?	___ YES ___ NO	___ YES ___ NO
- EXPECTING AN INHERITANCE?	___ YES ___ NO	___ YES ___ NO
- HAVE MEDICARE?	___ YES ___ NO	___ YES ___ NO
ID#: _____ PART A: _____ PART B: _____		

HAVE PRIVATE HEALTH INSURANCE?	___ YES ___ NO	___ YES ___ NO
IF YES:		
COMPANY	ID #	MONTHLY PREMIUM

PLEASE LET US KNOW IF SOMEONE REFERRED YOU TO US SO THAT WE MAY THANK THEM:
 REFERRED BY: _____

NAME OF PERSON PREPARING THIS DOCUMENT:

THE UNDERSIGNED HEREBY REPRESENTS THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF THEIR KNOWLEDGE AS OF THE DATE FIRST ABOVE WRITTEN.

SIGNATURE: _____

DOCUMENT REQUEST

- ___ 1. Proof of date of birth (birth certificate or baptismal certificate)
- ___ 2. Marriage certificate and death certificate for deceased spouse
- ___ 3. Social Security and Medicare cards (front and back)
- ___ 4. Health insurance cards and most recent premium (front and back)
- ___ 5. Discharge papers (if applicant or spouse was a veteran) and separation agreement
- ___ 6. Power of Attorney
- ___ 7. Health Care Proxy and Living Will
- ___ 8. Deed and tax bill for any real estate (including deed with life estate)
- ___ 9. Title to automobile(s)
- ___ 10. Life insurance policies
- ___ 11. Verification of income (social security and pension)
- ___ 12. Pre-paid funeral contracts or burial fund accounts
- ___ 13. All personal bank and brokerage accounts (open or closed) for the past 5 years including retirement accounts.
- ___ 14. All trust bank and brokerage accounts (open or closed) for the past 5 years
- ___ 15. Copies of all cancelled checks written for the past 5 years \$ _____ or greater
- ___ 16. Stock certificates and savings bonds
- ___ 17. Deed to cemetery plot
- ___ 18. Information on any other resources
- ___ 19. Original Will & Trust documents
- ___ 20. State and Federal Tax Returns for 5 years including 1099's

IF YOU CANNOT LOCATE ALL OF THE ABOVE DOCUMENTS, PLEASE KEEP YOUR APPOINTMENT. THE ADDITIONAL DOCUMENTS MAY BE SENT LATER.