

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

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

## Confidential Financial Survey for Home 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

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:**

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**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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

<b><u>IS ANY MONEY OWED (MORTGAGE, PERSONAL LOAN, ETC.)?</u></b>	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 open personal bank and brokerage accounts for the past 3 months including retirement accounts.
- \_\_\_ 14. All trust bank and brokerage accounts (open or closed) for the past 3 months
- \_\_\_ 15. Stock certificates and savings bonds
- \_\_\_ 16. Deed to cemetery plot
- \_\_\_ 17. Information on any other resources
- \_\_\_ 18. Original Will & Trust documents
- \_\_\_ 19. State and Federal Tax Returns for last year including 1099's

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