Long-Term Care Financial and Personal Resources Review

Prepared for:

Provided by:

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Personal and Family Information

	Name	Date of Birth	Cell Phone Number	E-Mail Address
Client	_____	___/___/_____	_____	_____
Spouse	_____	___/___/_____	_____	_____
Children	_____	___/___/_____		
	_____	___/___/_____		
	_____	___/___/_____		
	_____	___/___/_____		

Residence Information

Street Address: _____

City, State, Zip: _____ Telephone No: _____

Own? Mortgage Payment: _____ Mortgage Balance: _____

Rent? Monthly Rent: _____

Employment Information

	Client	Spouse
Occupation:	_____	_____
Employer:	_____	_____
Annual Income:	_____	_____
Other Income:	_____	_____

Long-Term Care Planning Concerns

What are your biggest concerns about planning for your health care as you age?

- ☐ Exhausting my assets and/or income to pay for needed health care.
- ☐ Becoming a burden to my family and/or friends to help care for me.
- ☐ Maintaining control over my health care decisions.
- ☐ Keeping my dignity in the event I need extended care.
- ☐ Other: _____

Financial Information

Assets		Liabilities	
Savings	_____	Installment Loans	_____
Investments	_____	Mortgage(s)	_____
IRA(s)	_____	Charge Accounts	_____
Real Estate	_____	Credit Cards	_____
Business Interests	_____	Personal Notes	_____
Personal Property	_____	Business Debt	_____
Other	_____	Other	_____
Total Assets	_____ $0	**Total Liabilities**	_____ $0

Monthly Systematic Savings: $_____

Insurance Information

Life Insurance

Insured	Company	Policy Number	Policy Date	Face Amount	Annual Premium	Beneficiary

Other Insurance

Monthly Disability Benefit: Client _____ Spouse _____
Critical Illness Insurance Benefit: Client _____ Spouse _____
Health Insurance: Client _____ Spouse _____
Long-Term Care Insurance: Client _____ Spouse _____

P&C Expiration Dates: Auto _____ Homeowners _____ Other _____

Document Information

Client's Will: Date _____ Type _____
Spouse's Will: Date _____ Type _____

Professional Advisors

Attorney: _____ Phone No.: _____
Accountant: _____ Phone No.: _____
Insurance Agent: _____ Phone No.: _____
Financial Planner: _____ Phone No.: _____

Long-Term Care Resources

1. Health Coverage

Do you believe your current health coverage adequately covers:

A. Hospitalization costs?	Yes	No
B. Nursing home costs?	Yes	No
C. Home health care costs?	Yes	No
D. Assisted living costs?	Yes	No

2. Health Care Preferences

If you suffered a long-term disability as a result of a stroke, where would you prefer to receive care?

A. Nursing home?	Yes	No
B. Assisted living facility?	Yes	No
C. Own home?	Yes	No

3. Financial Resources for Health Care

If you were faced with an annual $100,000* nursing home bill right now, how would you pay for it?

A. From savings?	Yes	No
B. Bank loan?	Yes	No
C. Other sources?	Yes	No

Describe:

* The Genworth 2021 Cost of Care Survey found that the national median daily rate in 2021 for a private room in a nursing home was $297, or over $108,000 annually, an increase of 2.41% from 2020.

For how long could you personally afford to pay an annual $100,000 nursing home bill from those resources?

A. 1 year?	Yes	No
B. 2.5 years *(the average nursing home stay)*?	Yes	No
C. 5 years or longer?	Yes	No

Will your children be in a financial position to help pay for this care? Yes No

Given a choice, how would you prefer to pay for this care?

A. Private resources?	Yes	No
B. Insurance benefits?	Yes	No

If your answer is insurance, is there any reason why you haven't purchased it?

4. Personal Resources for Health Care

If you became ill tomorrow, would your family:

A.	Be able to provide you with at-home medical care?	○ Yes	○ No
B.	Have the time to provide you with at-home care?		
	For a week?	○ Yes	○ No
	For a month?	○ Yes	○ No
	Nine months?	○ Yes	○ No
	A year or more?	○ Yes	○ No
C.	Be physically able to provide at-home care on a long-term basis?	○ Yes	○ No
D.	Be able to quit work to provide care?	○ Yes	○ No

5. Goals for Financial Resources

A.	Would you like to leave an estate to your children?	○ Yes	○ No
B.	Would you like to help pay for your grandchildren's education?	○ Yes	○ No
C.	Do you want to remain in control of decisions regarding your health care?	○ Yes	○ No
D.	Would you want to die impoverished and in debt?	○ Yes	○ No

Important Information

This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

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