

ELDER LAW PLANNING QUESTIONNAIRE

Booth Harrington & Johns of NC PLLC

The information requested in this questionnaire is for use by our law firm to devise a plan of asset preservation and/or Medicaid eligibility unique to your situation. We ask that you complete the questionnaire with as much detail as possible. The information that you disclose is confidential and is not shared with anyone outside this Firm, with the possible exception of the Department of Social Services at the filing of Medicaid application.

Date _____

By whom were you referred to this office? _____

1. PERSONAL INFORMATION

(The person for whom you are seeking elder law legal advice)

Marital Status: Married _____ Single _____ Separated _____ Divorced _____ Widowed _____ Other _____

Husband or Individual (living or deceased)

Full Name _____ Phone No. _____

Address (street/city/state/zip) _____

How long at this address? _____ Current Age: _____

Social Security Number _____ Date of Birth _____ US Citizen? Yes No

City, County, State of Birth _____

Are you a Veteran? Yes No Service Branch _____ Date of Death, if applicable _____
If yes, contact the Department of Veteran's Affairs at 1-800-827-1000.

Wife or Individual (living or deceased) [If Applicable]

Full Name (include maiden) _____ Phone No. _____

Address (street/city/state/zip) _____

How long at this address? _____ Current Age: _____

Social Security Number _____ Date of Birth _____ US Citizen? Yes No

City, County, State of Birth _____

Are you a Veteran? Yes No Service Branch _____ Date of Death, if applicable _____

Contact and Correspondence Information (if more than one recipient, please list on back)

| |
|-------------------------------|
| Reviewed by Intake Asst _____ |
|-------------------------------|

Name _____

Address (street/city/state/zip) _____

Phone Number _____

Email Address (if applicable) _____

2. HEALTH AND NURSING HOME INFORMATION

Name of Ill Person or Spouse _____

Diagnosis _____

Prognosis _____

Name of Well Spouse (If applicable) _____

Health Status of Well Spouse _____

Where Well Spouse Currently Resides _____

If the individual or spouse entered nursing home from the hospital, please complete the following chart:

| Hospital | Date Admitted | Date Discharged |
|----------|---------------|-----------------|
| 1. | | |
| 2. | | |
| 3. | | |

OR

If the individual or spouse entered nursing home from the home, please complete the following chart:

| Nursing Home | Date Admitted | Date Discharged |
|--------------|---------------|-----------------|
| 1. | | |
| 2. | | |
| 3. | | |

****PLEASE NOTE: If a spouse has entered a nursing home or hospital, PLEASE BRING A COPY OF THE CURRENT FL-2 FORM TO OUR CONFERENCE. This is important to have at the conference.**

3. CHILDREN (IF APPLICABLE)

Number of Children _____

| Name of Child and Their Spouse | Address With ZIP Code | Telephone Number | Date of Birth |
|--------------------------------|-----------------------|------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Use Separate Sheet to list additional children

4. MONTHLY INCOME

| | Monthly Income | Monthly Income of Spouse (If Applicable) |
|---|-----------------------|---|
| Gross Salary or Wages | \$ _____ | \$ _____ |
| Social Security Benefits (include \$96.40 Medicare Part B Deduction, if applicable) | \$ _____ | \$ _____ |
| *Medicare Part D Premium | \$ _____ | \$ _____ |
| **Retirement/Pension Benefits (Gross) (include any withholdings for taxes and/or benefit of any kind) | \$ _____ | \$ _____ |
| From what company do you receive retirement benefits? | _____ | _____ |
| VA Disability Benefit (including any survivor's benefits) | \$ _____ | \$ _____ |
| Annuity Income | \$ _____ | \$ _____ |
| Rental Income | \$ _____ | \$ _____ |
| Dividend | \$ _____ | \$ _____ |
| Other (Do not include interest income) | \$ _____ | \$ _____ |
| TOTAL INCOME | \$ _____ | \$ _____ |

*If you have questions about Medicare Part D, please call or visit your local Social Security Agency.

**Could your pension amount increase in the future? Yes No

5. ASSETS

Please insert the approximate value of each asset/liability in the appropriate space. List Banks and Accounts numbers wherever possible:

| ASSETS | ACCT TYPE ¹ | HUSBAND/ INDIVIDUAL | WIFE/ INDIVIDUAL | JOINT | LIABILITIES |
|-------------------------------|---------------------------|------------------------|---------------------|-------|-------------|
| BANKING ACCOUNT | | | | | |
| BANKING ACCOUNT | | | | | |
| BANKING ACCOUNT | | | | | |
| BANKING ACCOUNT | | | | | |
| RESIDENCE (ASSESSED TAX VAL) | | | | | |
| OTHER REAL ESTATE (TAX VAL) | | | | | |
| AUTOMOBILE(S) | | | | | |
| MUTUAL FUNDS | | | | | |
| STOCKS | | | | | |
| BONDS | | | | | |
| ANNUITIES | | | | | |
| *CASH VALUE - WHOLE LIFE INS. | | | | | |
| IRA | | | | | |
| 401K OR OTHER RET. PLANS | | | | | |
| NURSING HOME PATIENT ACCT | | | | | |
| PREPAID FUNERAL CONTRACT | | | | | |
| PREPAID BURIAL PLOT(S) | | | | | |
| OTHER | | | | | |
| | | | | | |
| TOTALS | | | | | |

Use additional sheets, if necessary

*Detail on Page 6.

¹ Type of Banking Account – CK-Checking; SV-Savings; MM-Money Market; CD-Certificate of Deposit - If any of your bank accounts are joint with children, please so indicate. If the bank account is "OR," please write "OR" next to account. If the account is "AND," please indicate by writing "AND."

6. GIFTS

Gifts made in the last 5 years, having a value of \$500.00 or more (i.e. cash, real estate, automobiles, even if given as Christmas or Birthday gifts). If unsure, list all gifts. (This includes Christmas gifts of cash, gifts to individuals, churches, educational institutions, charities, etc.)

Recipient _____ Date _____ Amount \$ _____

Recipient _____ Date _____ Amount \$ _____

Recipient _____ Date _____ Amount \$ _____

Have you ever filed a Federal Gift Tax Return? Yes No If yes, please provide a copy.

7. HOMEPLACE

Current value (what could it sell for?): \$ _____

Mortgage balance \$ _____

Year of purchase of home: _____

Is your home or other property used as a business or farm? Yes No

Have you sold or gifted your home place within the last five years? Yes No

8. LEGAL DOCUMENTS

Does anyone reside in your home or other property owned by you? Yes No

If so, please explain _____

Do you have a current Will? Yes No *A will is a written document which leaves the estate of the person who signed the will to named persons or entities.*

Do you currently have a Durable Power of Attorney? Yes No *A durable power of attorney is a document designating an individual as having the authority to perform certain specific acts on behalf of another, irrespective of physical or mental state.*

Do you currently have a Living Will? Yes No *A living will is a document which governs the withholding or withdrawal of life-sustaining treatment from an individual in the event of an incurable or irreversible condition that will cause death within a relatively short time and when such person is no longer able to make decisions regarding his or her medical treatment.*

Do you have a Health Care Power of Attorney? Yes No *A health care power of attorney is a document in which the patient designates a person who has legal authority to make medical decisions for that patient who is too incapacitated to make such decisions.*

9. LIFE INSURANCE

It is very important to know the cash value and the death benefit of your life insurance policy. To obtain the cash value of the policy, please call your insurance agent, or call the insurance company directly.

| COMPANY (include Address and Policy Number) | TYPE | DEATH BENEFIT VALUE | FACE VALUE | CASH VALUE | INSURED | OWNER | BENEFICIARY |
|--|-------------|------------------------------------|-----------------------|-----------------------|----------------|--------------|--------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Medicare Supplemental Insurance

Company

Policy Number

Premium

Are these premiums paid from your retirement check?

For Husband/Individual

Yes No

For Wife/Individual

Yes No

Medicare Part D Insurance

Yes No

Long-Term Care Insurance

Company

Policy Number

Premium

Are these premiums paid from your retirement check?

For Husband

Yes No

For Wife

Yes No

10. MISCELLANEOUS

Do you have any other legal issues of which we should be aware? If yes, please explain. Use separate sheet if necessary.

Do you have a safe deposit box? Yes No

It is important that the above information be as accurate as possible. This information helps the attorney to give you the best possible information in your conference.

Please bring to your conference the Powers of Attorney, as well as the current **FL-2 Form (relating to level of patient care)**, if applicable.

11. CERTIFICATION

The undersigned hereby each represents to Booth Harrington & Johns of NC PLLC, that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information that I am furnishing. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Clients or Client Representative:
