

# GIRVIN & FERLAZZO, P.C.

## LONG TERM CARE PLANNING QUESTIONNAIRE

This questionnaire is designed to help us gather the information necessary to properly plan to protect you and your assets during a time when you may require Long-Term Care. Whether you are a new or an established client, we have found this questionnaire extremely helpful and we ask your indulgence in completing it fully. Those questions that do not apply to you or your family, or your financial situation may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant.

=====  
Date completed: \_\_\_\_\_

Name: \_\_\_\_\_  
(If completing this questionnaire for yourself, skip to #1 below)

Client(s): \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

### **1. PERSONAL INFORMATION**

(If single, complete only appropriate sections)

	<u>Husband</u>	<u>Wife</u>
Full Name:	_____	_____

Other or former Names:	_____	_____
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U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Soc. Sec. #:	_____	_____
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Address:	_____	_____
	_____	

Telephone:	_____	
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**6. RESIDENCE - - OWNED**

(If none, go to #7)

Owned: Yes \_\_\_\_\_ No \_\_\_\_\_

a. Owner(s): \_\_\_\_\_

b. Estimated Fair Market Value (FMV):\$ \_\_\_\_\_

Mortgage: \_\_\_\_\_

c. When Purchased: \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

d. Any improvements to house? \_\_\_\_\_. If so, give value: \$ \_\_\_\_\_

e. Single Family: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, then # of units: \_\_\_\_\_

f. If other owner is a child, has that child lived in the residence for at least 2 years?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If so, has the child provided personal care - care that might have kept the parent(s) out of Long Term Care (LTC) - to the parent(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

g. If other owner is a brother or sister, has that brother or sister lived in the house for at least 1 year?  
Yes \_\_\_\_\_ No \_\_\_\_\_

h. Does the LTC spouse (or potential LTC spouse) have a minor or disabled child?  
Yes \_\_\_\_\_ No \_\_\_\_\_

i. If in or about to enter LTC, does the LTC spouse intend to return home?  
Yes \_\_\_\_\_ No \_\_\_\_\_

How was this determined: \_\_\_\_\_

j. Money owed (loan) on property: \$ \_\_\_\_\_

Monthly payments: \$ \_\_\_\_\_

k. Reverse Annuity Mortgage (RAM) on property? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, basic terms: \_\_\_\_\_

l. Has owner(s) used \$125,000 capital gains tax exclusion?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**7. RESIDENCE - - RENTED**

a. Monthly cost \_\_\_\_\_

b. Nature of rental

Single Family	_____	Apartment	_____
Residential Care	_____	Life Care	_____
Senior Housing	_____	Subsidized? Yes ___ No ___	

**8. LONG-TERM CARE (LTC)**

Is one spouse receiving LTC? Y \_\_\_ N \_\_\_  
Husband \_\_\_\_\_ or Wife \_\_\_\_\_

If so, date of entry (if home care, date started): \_\_\_\_\_

Name of LTC facility or provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Administrator (contact person and position): \_\_\_\_\_

Is it a Medicaid-certified facility? Yes \_\_\_\_\_ No \_\_\_\_\_

**9. HOSPITAL**

Is one spouse in a hospital? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, for how long? \_\_\_\_\_

Reason: \_\_\_\_\_

Convalescence in LTC expected? Yes \_\_\_\_\_ No \_\_\_\_\_

If LTC placement expected, likely to later return home? Yes \_\_\_\_\_ No \_\_\_\_\_

**10. INCOME**

Whose "Name on Check"

a.	<u>Fixed Monthly</u>		<u>Husband</u>	<u>Wife</u>	<u>Terminate on death of Recipient?</u>
					Y/N
Sources:	Social Security	\$	_____	_____	_____
	R.R. Retirement	\$	_____	_____	_____
	Pension (_____)		_____	_____	_____
	Pension (_____)		_____	_____	_____
	Pension (_____)		_____	_____	_____
	Other (_____)		_____	_____	_____
Totals:			_____	_____	

Total of Both: \$ \_\_\_\_\_

b.	<u>Non-Fixed Monthly</u>		<u>Husband</u>	<u>Wife</u>	<u>Husband &amp; Wife</u>
Sources:	Interest\$		_____	_____	_____
	Dividends		_____	_____	_____
	Other		_____	_____	_____
	Other		_____	_____	_____
Totals:			_____	_____	_____

Total of All: \$ \_\_\_\_\_

c.	<u>Annuity</u>		<u>Husband</u>	<u>Wife</u>
	Amount		_____	_____
	Survivorship Rights		_____	_____

**11. REAL PROPERTY**

<u>Description and Location</u>	<u>How Title is Held*</u>	<u>Cost or Basis</u>	<u>Encumbrances (Liens)</u>	<u>Market Value</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

\*Explanation of shared ownership: \_\_\_\_\_

Any inherited? Specify: \_\_\_\_\_

**12. CHECKLIST OF EXEMPT ASSETS**

	Husband	Wife
- Burial plot owned	_____	_____
- Burial Trust/Life Insurance (\$1,500)	_____	_____
- Automobile Y_____ N _____	_____	_____
- All furnishings allowed	_____	_____
- Cash, etc.	_____	_____
a) \$3,350 for LTC individual		
b) \$4,850 for couple needing Medicaid home care		
c) \$74,820- for community spouse (other in nursing home)		

**13. OTHER ASSETS**

a) Stocks and Bonds (Use back of form if necessary)

	<u>Company</u>	<u>No. of Shares</u>	<u>Basis</u>	<u>FMV</u>
Total in both names:	_____			\$ _____
Total--husband's:	_____			\$ _____
Total--wife's:	_____			\$ _____
Total in other names (e.g. wife and child):	_____			\$ _____

TOTAL Fair Market Value (FMV): \$ \_\_\_\_\_

b.) Checking, Savings, CDs, etc. (Use back of form if necessary)

	<u>Institution</u>	<u>Acct No.</u>	<u>Balance</u>
Total in both names:	_____		\$ _____
Total--husband's:	_____		\$ _____
Total--wife's:	_____		\$ _____
Total in other names:	_____		\$ _____
TOTAL:	\$ _____		

c) Keoghs, IRA's, Other Retirement Benefits

	<u>Institution</u>	<u>Acct No.</u>	<u>Balance</u>
Total in both names:	_____	_____	\$ _____
Total--husband's:	_____	_____	\$ _____
Total--wife's:	_____	_____	\$ _____
Total in other names:	_____	_____	\$ _____
TOTAL:	\$ _____		

d) Partnerships (State if general or limited)

	<u>Basis</u>	<u>FMV</u>	<u>Whose Name(s)</u>
i)			
ii)	_____		
iii)			

e) Businesses

	<u>Name on Assets</u>	<u>Bank Value</u>
<u>FMV</u>	\$ _____	\$ _____
Explain _____		
_____		

f) Promissory Notes, 1st or 2nd mortgages, etc., payable to you.

	<u>Name(s)</u>	<u>Value</u>
i)		
ii)	_____	
iii)	_____	

g) Life Insurance

Insured

Owner

Face Value

Cash Value

i) \_\_\_\_\_

ii)

iii) \_\_\_\_\_

h) Beneficiaries of Trusts (indicate value, assets, distributions available or expected)

Husband: \_\_\_\_\_

\_\_\_\_\_

Wife: \_\_\_\_\_

\_\_\_\_\_

i) Other Assets (explain, indicate how held, and value)

Husband: \_\_\_\_\_

\_\_\_\_\_

Wife: \_\_\_\_\_

\_\_\_\_\_

Joint: \_\_\_\_\_

\_\_\_\_\_

j) Expected Inheritances

Husband: \_\_\_\_\_

\_\_\_\_\_

Wife: \_\_\_\_\_

\_\_\_\_\_

**14. TOTAL NON-EXEMPT ASSETS**

Husband's Separate Property:           \$ \_\_\_\_\_

Wife's Separate Property:           \$ \_\_\_\_\_

Jointly Owned Property:           \$ \_\_\_\_\_

**15. ASSETS OUTSIDE OF NEW YORK STATE**

List all such assets giving nature and value:

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**16. KEY FAMILY INFORMATION**

a)     Names and Ages of children of this marriage: (Use back of form if necessary)

<u>Name</u>	<u>Age</u>	<u>City (location)</u>
_____		
_____		
_____		
_____		

b)     Names and Ages of children from Husband's prior marriage(s):

<u>Name</u>	<u>Age</u>	<u>City (location)</u>
_____		
_____		

c) Names and Ages of children from Wife's prior marriage(s):

<u>Name</u>	<u>Age</u>	<u>City (location)</u>
_____		
_____		

**17. RESPONSIBLE PERSONS**

Who now has "assistance" responsibilities?

For Husband: First: \_\_\_\_\_

Alternate: \_\_\_\_\_

For Wife: First: \_\_\_\_\_

Alternate: \_\_\_\_\_

**18. UNAVAILABLE CHILD(REN)**

Is any child not to be relied upon for any reason to help with management or other needs of parent(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, which child(ren): \_\_\_\_\_

\_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

**19. COST OF LIVING (EST.) PER MONTH**

	Husband	Wife	Both
a) Housing			
If own, mortgage, taxes, etc.*	_____	_____	
If rent, rental	_____	_____	
b) Insurance			
Health	_____	_____	_____
LTC	_____	_____	
Life	_____	_____	_____
Other	_____	_____	_____



**22. PLANNING AND OTHER DOCUMENTS**

		<u>Husband (year)</u>	<u>Wife (year)</u>
a)	Will		
	Have originals? Y__ N__	_____	_____
	Copies? Y__ N__		
b)	Trust, Revocable	_____	_____
	Copies? Y__ N__		
c)	Durable Power of Atty.	_____	_____
	If so, Statutory Form? Y__ N__		
d)	Health Care Proxy.	_____	_____
	Living Will	_____	_____
e)	Deed(s) and		
	Property Tax Statement(s)?	_____	
	Copies? Y__ N__		

**23. GIFTS**

Has either spouse given Gifts of \$10,000 or more over the past 10 years to Family Member(s)?  
Y\_\_\_\_\_ N\_\_\_\_\_

If so,

<u>Recipient</u>	<u>Amount</u>	<u>Year</u>
_____		
_____		

Gift tax returns filed on any gifts? Y\_\_\_\_\_ N\_\_\_\_\_

If so, which? \_\_\_\_\_

**24. TRANSFERS WITHIN 36 MONTHS**

Has either spouse transferred property to anyone other than wife/husband within the last 36 months?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so,

Recipient

Amount

Date (mo. & yr.)

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**25. GOALS OF CLIENT**

Person responding:\_\_\_\_\_

State goals:\_\_\_\_\_

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