JB JORDAN BALKEMA
ELDER LAW CENTER

DATE THIS FORM IS BEING COMPLETED:_____

Information for person in or going into a nursing home:

Name: _____

Home Address:_____

Nursing Home Address:_____

Date of Birth:_____ Social Security Number:_____

Marital Status: ❒ Never Married ❒ Married ❒ Separated ❒ Divorced ❒ Widowed

Are you or your spouse a veteran or the dependent or parent of a veteran?

❒ No ❒ Yes, whom_____ relationship_____

Information for the at home spouse (if any):

Name: _____

Home Address:_____

Email:_____

Nursing Home Address:_____

Date of Birth:_____ Social Security Number:_____

Marital Status: ❒ Never Married ❒ Married ❒ Separated ❒ Divorced ❒ Widowed

Is this person anticipating nursing home placement also: ❒ No ❒ Yes, when: _____

Name and phone number of person filling out questionnaire (IF OTHER THAN ABOVE):

Name:_____

Address:_____

Email:_____

Phone numbers: Home _____ Work _____ Cell _____

Please provide as much of the requested information as reasonably possible. Please attach copies of documents that relate to the information requested. Please include additional pages as necessary to provide complete responses.

Please indicate which, if any, of the following estate planning documents you have already executed. Please attach copies.

❒ will

❒ revocable trust

❒ durable power of attorney for finances

❒ durable power of attorney for health care (patient advocate designation)

❒ Guardianship or Conservatorship

Does anyone else live with you?

Name _____

Relationship _____

Which of the following housing or care costs are you currently paying, and what is the approximate monthly expense?

❒ mortgage $_____

❒ rent $_____

❒ in-home care $_____

❒ utilities $_____

❒ real estate taxes $_____

❒ other $_____ Describe: _____

❒ other $_____ Describe: _____

❒ other $_____ Describe: _____

Which best describes your current living arrangements **(mark all that apply)**?

❒ I live independently.

❒ We currently live together in our home.

❒ I/We currently pay for caretakers to come into the home to assist with caring for at least one of us. The monthly cost is approximately: $_____

❒ Other members of my/our family are providing care to me/us at no charge.

❒ One or both of us live in an adult foster care home or assisted living facility.
Who:_____
Monthly cost: $_____

❒ One or both of us live in a nursing home.
Who:_____
Monthly cost: $_____

If you or your spouse is currently in a facility, please answer the following questions with respect to whichever of you is the facility.

What is the name and address of the facility?

_____

_____

_____

If the facility is a nursing home, did the nursing home resident enter the nursing home directly from the community or following a stay in the hospital?

❒ directly from the community, date:_____

❒ following a hospital stay, first day of hospital stay:_____

❒ were there any previous stays in a hospital or nursing home longer than 30 days?

❒ No ❒ Yes, when: _____

Has any of the nursing home resident's nursing home stay been covered by Medicare?

❒ No ❒ Yes, date it is anticipated that coverage will end: _____

NURSING HOME PATIENT: Please describe the current medical condition with reasonable detail. Please specifically identify any conditions relating to mental health or dementia, and indicate the extent to which these conditions have reduced the nursing home patient's ability to perform activities of daily living.

_____

_____

_____

_____

AT HOME SPOUSE: Please describe the current medical condition with reasonable detail. Please specifically identify any conditions relating to mental health or dementia, and indicate the extent to which these conditions have reduced the at home spouse's ability to perform activities of daily living.

_____

_____

_____

_____

ADDITIONAL CIRCUMSTANCES: Please describe any additional circumstances that you feel we should be aware of:

_____

_____

_____

_____

Please identify your children (attach additional pages as needed):

Name	
Address	
Phone	

Name	
Address	
Phone	

Name	
Address	
Phone	

Are any of your children deceased? ❒ No ❒ Yes

If yes, please identify which children are deceased and if the deceased children left any living descendants:

_____

_____

Are any of your family members blind or disabled? ❒ No ❒ Yes

If yes, please identify which family members are blind or disabled:

_____

_____

Were all of your children born to or adopted by the same two parents? ❒ No ❒ Yes

If not, please describe the relationships.

_____

_____

Please indicate which of the following sources of income apply and the approximate GROSS monthly amounts:

	Monthly GROSS amount	
	Nursing Home Patient's Income	Spouse's Income
Employment	$	$
Social Security	$	$
Pension	$	$
Other	$	$

Please indicate which of the following forms of health insurance coverage are available to you or your spouse:

Medicare coverage:

- Nursing home spouse - ❒ No ❒ Yes
- At home spouse - ❒ No ❒ Yes

Medicare Part D coverage:

- Nursing home spouse - ❒ No ❒ Yes, cost per month $_____
- At home spouse - ❒ No ❒ Yes, cost per month $_____

Name of Part D provider:_____

Private health insurance coverage:

- Nursing home spouse - ❒ No ❒ Yes, cost per month $_____
- At home spouse - ❒ No ❒ Yes, cost per month $_____

Name of private health insurance company: _____

How is this coverage paid for?

❒ Check ❒ Automatic Withdrawal ❒ From Pension ❒ Other:_____

Long-term care insurance coverage (Please provide a copy of all policies):

- Nursing home spouse - ❒ No ❒ Yes, company:_____
- At home spouse - ❒ No ❒ Yes, company:_____

Approximate monthly costs for uncovered pharmaceutical expenses:

- Nursing home spouse - $_____
- At home spouse - $_____

Approximate monthly uncovered medical expenses (other than pharmaceuticals):

- Nursing home spouse - $_____
- At home spouse - $_____

Real Estate in Which You Own an Interest (attach extra pages as needed)

Parcel 1 - Attached a copy of your deed and property tax statements

How is the property titled? _____

Address _____

What type of property is this?

❒ home ❒ farm ❒ rental ❒ vacation ❒ other _____

Do you now live or have you ever lived on this property? ❒ No ❒ Yes

What is the state equalized value (assessed value)? _____

What do you believe to be the current value of this property? $_____

When did you purchase this property, and what did you pay for it?

Date of purchase: _____ Purchase price: $_____

Parcel 2 - Attached a copy of your deed and property tax statements

How is the property titled? _____

Address _____

What type of property is this?

❒ home ❒ farm ❒ rental ❒ vacation ❒ other _____

Do you now live or have you ever lived on this property? ❒ No ❒ Yes

What is the state equalized value (assessed value)? $_____

What do you believe to be the current value of this property? $_____

When did you purchase this property, and what did you pay for it?

Date of purchase: _____ Purchase price: $_____

Bank Accounts
(attach current statements)

Name of bank or credit union	Names of account owners	Type of account (check, savings, CD, etc.)	Approximate current balance

Stocks, Bonds, and Investments
(attach current statements)

Name of stock, bond, or brokerage firm	Names of account owners	Approximate current value

Retirement Accounts
(attach current statements)

Type of account (IRA, 401(k), etc.)	Name of owner	Institution where account is held	Approximate current balance

Life Insurance
(attach current statements)

Name of company	Policy number	Name of owner	Name of insured	Face value	Current cash surrender value

Annuities
(attach current statements - SUPPLY COPIES OF ALL CONTRACTS)

Name of company	Date purchased	Name of owner	Current cash surrender value	In pay status?
				❐No ❐Yes
				❐No ❐Yes
				❐No ❐Yes
				❐No ❐Yes

Cars, Boats, and Other Titled Vehicles or Equipment
(attach copies of titles)

Type of vehicle (year and make)	Names of owners	Mileage	Approximate current value

Other Assets

(Identify all other assets not previously identified in this questionnaire. Attach copies of relevant documents)

Type of asset	Names of owners	Approximate current value
Promissory note		
Land contract (seller's interest)		
Collection (art, coins, etc.)		
Funeral arrangements (contracts/services)		
Burial space/plot		

Existing Debt
(attach current statements)

Type of debt	Name of creditor	Name of debtor	Approximate current balance
Credit card #1			
Credit card #2			
Credit card #3			
Mortgage			
Car loan			
Land contract (buyer's interest)			
Promissory note			

Transferred Assets - Gifts and Sales
(attach proof)

During the past five years, have you transferred any asset (cash, checks, real estate, etc.) to someone other than your spouse for less than the fair market value? If so, please complete the following grid.

Asset transferred	Names of persons receiving asset	Date of transfer	Approximate value at time of transfer

During the past five years, have you added the name of someone other than your spouse as an owner to any asset? If so, please complete the following grid.

Asset	Names of persons added as owners	Date of change	Approximate value at time of change

During the past five years, have you transferred any asset into a trust or trust-like arrangement? If so, please complete the following grid.

Asset	Name of trust (attach copy)	Date of transfer	Approximate value at time of transfer

Checklist of items to bring for applicant and spouse:

G Drivers License (both spouses)

G Birth Certificate (nursing home applicant)

G Medicare Card (both spouses)

G Health Insurance Card (both spouses)

G Current bill for health insurance (both spouses)

G Social security card (both spouses)

G Trust Agreement

G Power of Attorney (nursing home applicant)

G Guardian/Conservator Documents

G All Bank account statements

G All Certificates of deposit

G IRA/401K statements

G Annuity - statement and full contract

G Stock certificates

G Brokerage account statements

G Real estate - deeds, mortgages, tax statements, leases

G Homeowners insurance bill

G Primary residence utility bills (gas, electric, propane, wood)

G Land contracts with payment schedule

G Vehicle Titles

G Verification of debts owed (credit card, etc.)

G Life insurance policies and statement of values (face value and cash value)

G Funeral plan/burial plot, etc.

G Income tax returns - past 5 years

G Verification of all income: Social security, pension, lease agreements, other income (both spouses)

G Have you had a federal income tax return in the past 12 months? $_____

G Other

_____

_____

_____

_____

_____