

LONG-TERM CARE PLANNING WORKSHEET

Name:

DOB:

Marital Status:

INTRODUCTION

If you got sick tomorrow and needed care where would you want to receive those services?

Which asset will you liquidate first to pay for that care?

If there was a better way to pay, is this something we should take a look at?

EXPERIENCE

Why is the topic of long-term care of interest to you?

Did any family members have any care needs?

If so, what was the cause of those needs?

What was the duration?

What was the approximate cost?

Do you have any caregiving experience?



PLANNING

Where do you currently live?

Do you plan on living there forever?

If not, where do you plan to retire?

Do you know the cost of care in your area?

Are friends and family part of your caregiving plan?



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RESOURCES

Do you have any home equity? If so, what is the fair market value?

Do you have any business equity? If so, what is the fair market value?

How much have you saved in tax-free retirement assets?

How much have you saved in taxable retirement assets?

Do you plan to take Social Security? If so, at what age?

Do you have access to any pension income?

Do you have any other retirement income resources?



LEGACY

Do you have any children, grandchildren, family, or charities for whom you would like to leave a legacy?

Is it important to you to prepare a plan that results in a death benefit if you do not require long-term care services?

HEALTH

What medications are you currently taking?

What have you seen the doctor for in the past five years?

Have you had any mobility issues outside the normal aging process?

Have you had any memory or cognitive issues outside of the normal aging process?

