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# Long-term care / Chronic illness questionnaire

## Confidential analysis

Name \_\_\_\_\_ Spouse \_\_\_\_\_

DOB \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Best way to contact you \_\_\_\_\_

### Children

Name \_\_\_\_\_ Age \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Location \_\_\_\_\_

Grandchildren and ages \_\_\_\_\_

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**Special circumstances/Additional financial commitments** (Divorced, child divorced, not doing well financially, special needs children/grandchildren, poor relationship with parents or siblings, live outside U.S., etc.)

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**Do you have?** A will \_\_\_\_\_ A living will \_\_\_\_\_ Power of attorney \_\_\_\_\_ Trusts \$ \_\_\_\_\_

Home value \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_ Other loans \$ \_\_\_\_\_

**Qualified accounts** You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

**Nonqualified accounts** Stocks/Mutual funds \$ \_\_\_\_\_ CDs \$ \_\_\_\_\_

Annuities \$ \_\_\_\_\_ Bonds \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**Is this a second marriage?** Yes \_\_\_ No \_\_\_ Is there a prenuptial agreement? Yes \_\_\_ No \_\_\_

**Step 1: Understanding your prior experience with long-term care or chronic illness**

**Prior experience**

Has anyone in your family ever needed care? What happened?

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Who provided the care? What did it do to the family?

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How long did the illness last?

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Where was the care provided?

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Who paid for the care? Had the family member allocated any income or assets to pay for it?

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Were there sufficient funds in a retirement portfolio to pay for the care? What impact did this have on the family's finances?

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What impact did it have on the children (if any) and their relationships with each other?

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Did the family member have any idea how providing care would impact the rest of the family?

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What questions do you have that I could help with?

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**NO prior experience**

What do you know about long-term care or chronic illness?

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What questions do you have that I can help with?

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**Step 2: Creating your care strategy**

If you live a long life and need care, how have you prepared to address that need?

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What impact do you think needing care could have on your spouse, children and/or friends?

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Have you thought about the emotional, physical and financial consequences that providing care to you could have on them?

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If you need care, where would you like that care to be delivered?

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Who will be your caregivers? Have you discussed this with them?

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Do you know what long-term care services cost? Yes \_\_\_\_ No \_\_\_\_

If yes, what have you estimated that cost to be? \$\_\_\_\_\_

**You can find the average cost for home health care, assisted living or care in a skilled nursing facility by visiting [longtermcare.gov/costs-how-to-pay](https://www.longtermcare.gov/costs-how-to-pay)**



**Step 3: Discussing the cost of care and available resources**

**Answer and explain your responses to the questions below.** Do you think your retirement lifestyle will be covered by Social Security, pension (if any) and/or the payout of qualified funds?

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Will there be sufficient income to support your lifestyle, keep the commitments we discussed and pay for the care at the same time?

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How do you think needing care over a period of years could impact those depending on this income and investment portfolio?

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Do you have a continuing financial obligation to any of your children or grandchildren, because of personal problems or physical or mental challenges?

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Is it important to distribute your assets to your children according to your will or prenuptial agreement?

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