

Caring for an Aging Loved One

General Information

Yes No N/A

1. Relevant Personal Information

- Full Legal Name, Phone Number, and Address of Loved One
- DOB and Birth Certificate
- Social Security Number and Driver's License (as applicable)
- Names, Phone Numbers, and Addresses of Attorney, Physician/s, Geriatric Care Manager or Other Medical Professionals
- Loved One's Legal State of Residence
- Health Status, Prescription List, and Health Care Records
- Marital Status, including Marriage and/or Divorce Documents
- Family/Others Available for Support, Include Relationship, Addresses, etc.

2. Has the Loved One's Financial Situation Been Assessed?

- Income from Pension, Social Security, Employment, Other Sources
- Expenses
- Assets
- Liabilities

Insurance Planning

Yes No N/A

1. Does the loved one have Life Insurance? If so, how much? Annual Cost?

2. What about Long Term Care Insurance? If yes, amount and duration of coverage?

3. Do they have adequate Health Insurance?

- Medicare Information
- Medigap
- Prescription Coverage



Caring for An Aging Loved One

- | | Yes | No | N/A |
|--|-----------------------|-----------------------|-----------------------|
| 4. Do they have adequate amounts of other types of Insurance? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| - Homeowners Insurance (amount, coverage, status, agent information) | | | |
| - Auto Insurance (amount, deductible, coverage, status, agent information) | | | |
| - Umbrella Liability Insurance (same as above) | | | |

Estate Planning

- | | Yes | No | N/A |
|--|-----------------------|-----------------------|-----------------------|
| 1. Do they have an updated Will? Trust? Where are the signed documents kept? When was it last updated? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Have they prepared Advanced Directives? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| -Durable Power of Attorney | | | |
| - Health Care Directive | | | |
| - Health Care Proxy, Power of Attorney for Healthcare | | | |
| 3. Have they prepared Letters of Instruction? Where are they kept? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. If their estate is likely to be subject to estate tax, have ways to minimize estate taxes been considered? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Have they made Funeral Arrangements? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If so, obtain details of pre-arranged services, monument, location, readings, prayers, music, other wishes, traditions | | | |

Housing Issues

- | | Yes | No | N/A |
|---|-----------------------|-----------------------|-----------------------|
| 1. Is their current housing situation satisfactory? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. If so, have contingency plans been made in case a housing change is necessary in the future? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Have the loved one's wishes regarding housing been considered? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Caring for An Aging Loved One

- | | | | |
|--|-----------------------|-----------------------|-----------------------|
| 4. Have your own wishes regarding housing been considered? Other family member or others close to your loved one been consulted? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Do they currently require special needs or nursing home care? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Have alternative housing options been explored? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <ul style="list-style-type: none"> - Remaining in home (possibly with in-home care) - Moving in with a relative - Assisted living - Continuous care retirement communities - Senior apartments - Nursing homes | | | |
| 7. Have adult day-care options been discussed and evaluated? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Notes:

Financial Issues

- | | Yes | No | N/A |
|---|-----------------------|-----------------------|-----------------------|
| 1. Do they have enough money from income, savings to sustain their lifestyle? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. If a financial advisor is involved, are his or her asset allocations still suitable? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Is the loved one still able to make appropriate financial decisions? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Should your name and/or another family member's name be added to accounts? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Does Medicaid planning need to be considered? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Will they be dependent on you for financial support? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. If so, have your financial needs been considered? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Have distribution strategies been discussed and evaluated? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Notes:



Caring for An Aging Loved One

Other

	Yes	No	N/A
1. Has a list of important documents and records been prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none">- Stock certificates, bonds, and other investment records- Bank account records (statements and passbooks)- Credit card statements- Mortgage, insurance, utility bills- Retirement plan statements- Income tax returns for the last three years- Real estate deeds, mortgages, and other property ownership records- Vehicle titles- Business agreements- Insurance policies- Will, trust advanced directives, letters of instruction, and other documents- Location of and key to safe-deposit box- Birth certificate and marriage or divorce certificates- Citizenship records- Passport- Military Records			
2. If they have an interest in a business, have arrangements been made to continue or distribute the interest in the event of incapacity or death?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:



Loved One's Contact List

<i>Name</i>	<i>Relationship</i>	<i>Phone #</i>	<i>Address</i>	<i>eMail</i>
-------------	---------------------	----------------	----------------	--------------



