For Office Use Only		
FU/C	___________ @ ________	
X	___________ @ ________	
File No. ______________________		

Please help us by filling out this form for your consultation.

CONFIDENTIAL FINANCIAL SURVEY

We recognize that this information is of a personal nature. We assure you that all information provided to this office by you will be treated confidentially and will not be revealed to anyone outside of this office without your permission.

DATE ______________________

NAME OF PERSON REQUIRING CARE: ______________________________________

ADDRESS: ____

RECEIVING HOME CARE? ____

IF IN NURSING HOME, DATE OF ADMISSION: ___________________________

ADDRESS PRIOR TO ADMISSION: _________________________________

HOME TEL. #: ______________________ DATE OF BIRTH: ____________________

SOC. SEC. #: ______________________ REFERRED BY: ____________________

SPOUSE

NAME: ___________________________ DATE OF BIRTH: ____________________

SOC. SEC. #: ______________________ IF DECEASED, DATE OF DEATH: ____________________

RESIDENCE ADDRESS, IF DIFFERENT: ___________________________________

____

HOME TEL. #, IF DIFFERENT: ______________________________________

NAMES, ADDRESSES AND TELEPHONE NUMBERS OF CHILDREN (OR CONTACT)

____

____

____

____

(please turn over)

FAMILY ASSETS

OWN HOME? ___________________ YES_______ NO

IF YES, TYPE OF OWNERSHIP: ___ JOINT ___ HUSBAND ___ WIFE

ADDRESS AND APPROXIMATE VALUE: ______________________________________

____

IS THERE A MORTGAGE ON THE PROPERTY?

___ YES ____ NO

IS THERE A LIFE ESTATE INTEREST IN ANY PROPERTY?

___ YES ____ NO

LIST ALL BANK ACCOUNTS AND C.D.'S:

NAME OF BANK	ACCOUNT #	TYPE OF OWNERSHIP	APPROX. BALANCE

LIST ANY STOCKS, BONDS OR MUTUAL FUNDS OWNED:

NAME OF INSTITUTION	NAME(S) ON TITLE	CURRENT VALUE

(please turn over)

LIST ANY LIFE INSURANCE POLICIES AND/OR ANNUITIES OWNED:

POLICY OWNER	INSURED	CASH VALUE	DEATH BENEFIT

LIST ANY RETIREMENT FUNDS (IRA's, 401K's, etc.) OWNED:

ACCOUNT OWNER	BENEFICIARY	CURRENT VALUE

ANY BUSINESS INTEREST/OWNERSHIP?

MARKET VALUE

____

ANY COLLECTIBLES (ANTIQUES, COINS, JEWELRY, ETC.)?

MARKET VALUE

____

IS ANY MONEY OWED (MORTGAGE, PERSONAL LOAN, ETC.)?

DESCRIPTION

____

(please turn over)

HAVE ANY ASSETS BEEN TRANSFERRED WITHIN THE PAST 36 MONTHS?

___ YES ____ NO

IF YES:

TYPE OF ASSET	VALUE	TRANSFERRED TO	DATE

<u>INCOME</u>:

	APPLICANT	SPOUSE
SOCIAL SECURITY:	______________________	______________________
PENSION:	______________________	______________________
VETERAN BENEFITS:	______________________	______________________
OTHER:	______________________	______________________

OCCUPATION/COMPANY PRIOR TO RETIREMENT: ______________________________

	APPLICANT	SPOUSE
IS APPLICANT OR SPOUSE A VETERAN?	_____ YES ___ NO	___ YES ___ NO
DO YOU HAVE ANY DEPENDENTS WITH SPECIAL NEEDS?		___ YES ___ NO
HAVE A PREPAID FUNERAL?		____________________ YES ___ NO

IF YES, NAME OF FUNERAL DIRECTOR: ____

HAVE A BURIAL PLOT? _________ YES ___ NO

OWN AN AUTOMOBILE (now or within last 36 months)?_____________ YES ___ NO

HAVE A SAFE DEPOSIT BOX?__________________________________ YES ___ NO

(please turn over)

HAVE A WILL? ___ YES ___ NO

HAVE A TRUST? ___ YES ___ NO

HAVE A POWER OF ATTORNEY?_________________________________ YES ___ NO

IF YES, HELD BY WHOM? ____

HAVE A HEALTH CARE PROXY?_________________________________ YES ___ NO

HAVE A LIVING WILL? ___ YES ___ NO

EXPECTING AN INHERITANCE?_________________________________ YES ___ NO

HAVE MEDICARE?____ YES ___ NO

ID# ____________ PART A ____________ PART B ____________

HAVE PRIVATE HEALTH INSURANCE?___________________________ YES ___ NO

COMPANY ID# MONTHLY PREMIUM

____

____

____

Please let us know if someone referred you to us so that we may thank them.

Referred by: ____

NAME OF PERSON PREPARING THIS DOCUMENT:

____

THE UNDERSIGNED HEREBY REPRESENTS THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF THEIR KNOWLEDGE AS OF THE DATE FIRST ABOVE WRITTEN.

SIGNATURE: ______________________________________

(please turn over)

DOCUMENT REQUEST

1. Proof of date of birth (birth certificate or baptismal certificate)
2. Marriage certificate and death certificate for deceased spouse
3. Social Security and Medicare cards
4. Health insurance cards and most recent premium
5. Discharge papers -- if applicant or spouse was a veteran
6. Power of Attorney
7. Health Care Proxy and Living Will
8. Deed and tax bill for any real estate (including deed with life estate)
9. Title and registration to automobiles
10. Life insurance policies
11. Verification of income if not direct deposit (social security and pension)
12. Pre-paid funeral contracts or burial fund accounts
13. A history of all bank & brokerage accounts (open or closed) for 36 months
14. Copies of all cancelled checks written within 36 months for $500.00 or greater
15. Stock certificates and savings bonds
16. Deed to cemetery plot
17. Information on any other resources
18. Original Will & Trust documents
19. State and Federal Tax Returns for 3 years

IF YOU CANNOT LOCATE ALL OF THE ABOVE DOCUMENTS, PLEASE COME TO YOUR APPOINTMENT ANYWAY. THESE DOCUMENTS CAN BE SENT IN LATER, IF NECESSARY.