

Douglas Law Office

CONFIDENTIALLONG-TERM CARE PLANNING (SUPPLEMENTAL FORM)**SECTION 1. MONTHLY COST OF LIVING****A. HOUSING (ESTIMATED PER MONTH)**

	<u>Client</u>	<u>Spouse</u>	<u>Joint</u>
1. If home is owned, total cost of mortgage, taxes, utilities, phone, etc.*: \$ _____	\$ _____	\$ _____	\$ _____
2. If home is rented, total rent, including maint. fees, if any: \$ _____	\$ _____	\$ _____	\$ _____

* Is there any real property tax exemption being used? [] Yes [] No

B. INSURANCE PREMIUMS (PER MONTH)

	<u>Client</u>	<u>Spouse</u>	<u>Joint</u>
1. Health insurance: \$ _____	\$ _____	\$ _____	\$ _____
2. Long-term care insurance: \$ _____	\$ _____	\$ _____	\$ _____
3. _____: \$ _____ (specify)	\$ _____	\$ _____	\$ _____
4. _____: \$ _____ (specify)	\$ _____	\$ _____	\$ _____

C. MEDICAL EXPENSES (ESTIMATED PER MONTH)

	<u>Client</u>	<u>Spouse</u>	<u>Joint</u>
1. Non-covered medications: \$ _____	\$ _____	\$ _____	\$ _____
2. _____: \$ _____ (specify)	\$ _____	\$ _____	\$ _____
3. _____: \$ _____ (specify)	\$ _____	\$ _____	\$ _____

D. BASIC LIVING EXPENSES (ESTIMATED PER MONTH)

	<u>Client</u>	<u>Spouse</u>	<u>Joint</u>
1. Food: \$ _____	\$ _____	\$ _____	\$ _____
2. Entertainment and travel: \$ _____	\$ _____	\$ _____	\$ _____
3. Support for children: \$ _____	\$ _____	\$ _____	\$ _____
4. _____: \$ _____ (specify)	\$ _____	\$ _____	\$ _____
5. _____: \$ _____	\$ _____	\$ _____	\$ _____
E. TOTALS (A thru D): \$ _____	\$ _____	\$ _____	\$ _____

SECTION 2. HEALTH AND LTC INSURANCE

If the **person needing care has Medicare Parts A, B, or D, private health or long-term care insurance, or is paying for a Medicare supplement** policy, please provide the following information:

<u>Name of Insurer</u>	<u>Policy No.</u>	<u>Type of Policy</u>	<u>Monthly Prem.</u>	<u>If LTC, Daily Benefit</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

SECTION 3. OTHER THINGS FOR YOU TO CONSIDER

- Would you like to stay at home as long as possible as long as you are not a burden?
- Would you like to be dressed and groomed daily?
- How often would you like to have your hair cut/done?
- What are your favorite foods?
- What foods do you dislike?
- Do you have a favorite beverage (say a martini or red wine before dinner)?
- Would you like to visit family as long as you are presentable and not a spectacle? How often? (Special occasions, graduation, holidays, birthdays, etc.)?
- Do you have any hobbies (fishing, golf, tennis, etc.)?
- Do you have a favorite author? Newspaper? Magazine? TV Show? TV Channel?
- Would you like to be taken on public trips (museum, symphony, theater, park, etc.)?
- How often would you like to be taken outdoors in the sun? How often? For how long?
- Would you like to be taken out to lunch (e.g., once a month on 1st Sunday)?
- Do you wish to be an organ donor?
- Do you want to be placed on life support to **delay** imminent death if you are in a vegetative state?
- Do you wish to be buried or cremated? Would you like military honors?
- Do you have any religious preferences?

This questionnaire is designed to help us gather the information necessary to properly plan to protect your assets (or the assets of a family member or friend) during a time when there may be a need for Long-Term Care. We have found this questionnaire extremely helpful, and we ask your indulgence in completing it fully. Those questions that do not apply to you, your family, or your financial situation may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant. Douglas Law Office, Annapolis, MD.