

# CULPEPPER LAW LONG-TERM CARE QUESTIONNAIRE

**\*\*PLEASE PRINT LEGIBLY\*\***

Name of person coming to appointment: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to person you are planning for: \_\_\_\_\_

## **Personal information for person you are planning for**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Does this person live at the above address:  Yes  No

Citizenship: \_\_\_\_\_ If not, please provide address, phone and name of facility (if applicable):  
\_\_\_\_\_

Do you think this person will live:  6 – 12 months  1 year or more  Do not know

Name of spouse / significant other: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Does this person live at the above address:  Yes  No

Citizenship: \_\_\_\_\_ If not, please provide address, phone and name of facility (if applicable):  
\_\_\_\_\_

## **Children information (living and deceased):**

Child 1 name: \_\_\_\_\_ Birthdate/death: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Child 2 name: \_\_\_\_\_ Birthdate/death: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Child 3 name: \_\_\_\_\_ Birthdate/death: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Child 4 name: \_\_\_\_\_ Birthdate/death: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Is the person you are planning for competent to sign documents?  Yes  No  Unsure
2. Do they have an irrevocable pre-paid funeral contact?  Yes  No  Unsure
3. Do they have any of the following:  Will  Health Care Power of Attorney  Living Will  
 Financial Power of Attorney  Revocable Trust  Irrevocable Trust
4. If in a facility (assisted living or nursing home), what date did they enter? \_\_\_\_\_
5. If they are receiving skilled care, is Medicare paying?  Yes  No If yes, when does the 100 days expire? \_\_\_\_\_
6. If in a facility, does the facility accept Medicaid?  Yes  No
7. If not, are you willing to move them to a facility that does accept Medicaid?  Yes  No
8. If in a facility, what is the monthly cost of care? \_\_\_\_\_
9. Does the individual(s) have long-term care insurance?  Yes  No If yes, how many years of coverage? \_\_\_\_\_ Amount of coverage per month? \_\_\_\_\_
10. If not currently in a facility, when are they expected to enter one? \_\_\_\_\_
11. Is it likely the individual(s) will return home?  Yes  No  Unsure
12. Is a family member living in the individual's home?  Yes  No If so, name and relationship of that person: \_\_\_\_\_ Is this person a dependent?  Yes  No
13. What are the expectations of selling the home? \_\_\_\_\_
14. Has a Medicaid application ever been filed before?  Yes (date: \_\_\_\_\_)  No  Unsure
15. Was there a sudden illness that resulted in the need for long-term care?  Yes  No If so, when? \_\_\_\_\_

16. If married, provide past dates of entering and leaving a hospital and/or nursing home, and the name of each institution. \_\_\_\_\_

17. Do you have a disabled person whom you would like to make a gift for their care?  Yes  No

**TANGIBLE ASSETS**

For real property, use the county auditor’s value. For vehicles, use the NADA trade-in value.

<i>Property Type (real estate, car, cash on hand)</i>	<i>Description (address, vehicle make, year and model)</i>	<i>Owner</i>	<i>Value</i>

**INTANGIBLE ASSETS**

<i>Financial Institution</i>	<i>Description (checking, savings, money market, IRA, Roth IRA, 401(k) etc.)</i>	<i>Owner</i>	<i>Value</i>



**LIABILITIES**

<i>Type (mortgage, HELOC, loan, credit card, etc.)</i>	<i>Description</i>	<i>Owner</i>	<i>Amount</i>

**INCOME**

List gross dollar amount (amount before any deductions are taken)

<i>Income type (social security, pension, retirement distributions, etc.)</i>	<i>Monthly amount for the person you are planning for</i>	<i>Monthly amount for that person's spouse, if applicable</i>

**GIFTING**

For the last five years, list all gifts of \$500 or more that were made by the person you are planning for, their spouse, by a financial power of attorney or by a trustee of a trust.

<i>Date</i>	<i>Recipient</i>	<i>Amount</i>	<i>Was a gift tax return filed?</i>

**GIFTING continued**

<i>Date</i>	<i>Recipient</i>	<i>Amount</i>	<i>Was a gift tax return filed?</i>

**SALES OR TRANSFERS**

For the last five years, list all items if they were sold or transferred; real estate, businesses, boats, vehicles (or anything registered with the BMV).

<i>Description</i>	<i>Owner</i>	<i>Date sold / transferred</i>	<i>Fair Market Value</i>	<i>Amount of sale</i>

**MILITARY SERVICE**

Mark the box that indicates the time of service, even if they did not serve in the war, of the person you are planning for, or their spouse.

- World War II – December 7, 1941 through December 31, 1946
- Korean Conflict – June 27, 1950 through January 31, 1995
- Vietnam Era – February 28, 1961 through May 7, 1975 for veterans who served in the Republic of Vietnam during that time. For all others, the period of war is August 5, 1964 through May 7, 1975
- Gulf War – August 2, 1990 through a date to be set by law or Presidential Proclamation