

# WELCOME TO THE LAW OFFICE OF JOHN L. ROBERTS



We designed this Long Term Care Planner to help you gather your thoughts, and make the planning process more relaxed. Gather as much of the information as you can. Don't worry if some information isn't available to you right now. Like a blueprint, this Planner begins the process that will protect you and your family. Call us when you are ready for an appointment.  
**(413) 567-5600**

Name of Contact Person:

Home Phone and Cell Phone:

Email:

Postal Mailing Address:

BASIC INFORMATION	HUSBAND'S NAME:	WIFE'S NAME:
Your Date of Birth		
US Citizen?		
Do you drive?		
Are you a Veteran? <b>List the years in service.</b>		
Health Issues?		
Diagnosis / Prognosis		
Primary Care Doctor		
Other Medical Care Providers		
Is Long Term Care Needed Now?		
Do you have Long Term Care Insurance?		
Do you have a Will? <b>If Yes, when was it signed?</b>		
Do you have a Trust? <b>If Yes, when created? Who is the Trustee?</b>		
Do you have Durable Power of Attorney? <b>If Yes, when was it signed? Who is your Agent?</b>		
Do you have a Health Care Proxy? <b>If Yes, when was it signed? Who is your Agent?</b>		



YOUR PROFESSIONAL ADVISORS	Name, Address, Phone
Do you have a financial planner?	
Do you have a broker?	
Life Insurance Agent?	
Annuity Agent?	

The following sections help us to determine your eligibility for Medicaid and other elder care benefits programs, and provide advice, counsel and guidance toward your best planning options.

MONTHLY INCOME	HUSBAND:	WIFE:
Social Security (include Medicare Part B Premium)		
Retirement, Pension List gross amount & source		
Retirement, Pension List gross amount & source		
VA Disability Benefit		
Annuity Income List amount & source		
Rental Income: Amount, property address		
Other Income:		
<b>TOTAL MONTHLY INCOME</b>		

YOUR EXPENSES	Description, Account Balance, Monthly Payment
Home Mortgage or Rent	
Property Taxes	
Heat	
Other Utilities	
Home Maintenance	
Elder Care Costs	
Loans Payments	
Auto loans	
Credit Card	
Other	
Business Debt	

ASSET TRANSFERS	\$ AMOUNT, and NAME(s) OF PERSON TO WHOM ASSET WAS TRANSFERRED. If none, state "no transfers."
Have you transferred any assets within the past 5 years?	



YOUR ASSETS	\$ VALUE, and NAME(s) OF PEOPLE WHO HOLD TITLE TO THE ASSET
Current value of Home.	
Other Real Estate	
Automobiles	
Checking Account <b>Name of Bank, Balance</b>	
Savings Account <b>Name of Bank, Balance</b>	
CD <b>Name of Bank, Balance</b>	
IRA, 401k, Pension, Profit Sharing Plans <b>Custodian, Balance</b>	
Annuities <b>Provider, Surrender Value</b>	
Life Insurance <b>Company, Cash Value</b>	
Boats, Planes, RVs	
Other items of value, such as antiques	
Other Assets	
<b>TOTAL ASSETS</b>	

THE FACTORS MOST IMPORTANT TO YOU	1 = Not important Very important = 5		1	2	3	4	5
Avoid need for a nursing home admission	1 2 3 4 5	Prevent Guardianship (Probate during your life)	1	2	3	4	5
Provide income and assets for spouse	1 2 3 4 5	Prevent Probate upon death	1	2	3	4	5
Protect an inheritance for children	1 2 3 4 5	Protect children's inheritance from possibility of divorce	1	2	3	4	5
Plan for transfer of family home	1 2 3 4 5	Provide for a child or grandchild with special needs or disabilities. <b>List Name of disabled child or grandchild:</b>	1	2	3	4	5
Plan for continuation of family business	1 2 3 4 5	<b>Date of Birth:</b>					
Payment of nursing home costs, if needed	1 2 3 4 5	Avoid will contests and other disputes upon death.	1	2	3	4	5
Protect assets from lawsuits and creditors	1 2 3 4 5	Providing advance directives for family members and health care providers	1	2	3	4	5
Prevent Federal / Massachusetts Estate Tax liability	1 2 3 4 5						