

# LONG TERM CARE WORKBOOK



LIBERTY GROUP

*Call us at 888.588.5818 to Book a Free 15-Minute Review!*



# LTC QUESTIONNAIRE

## CONFIDENTIAL ANALYSIS

Name \_\_\_\_\_ Spouse \_\_\_\_\_

DOB \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Best Way to Contact You \_\_\_\_\_

## CHILDREN

Name \_\_\_\_\_ Age \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Location \_\_\_\_\_

Grandchildren & Ages \_\_\_\_\_

## SPECIAL CIRCUMSTANCES/ADDITIONAL FINANCIAL COMMITMENTS

(Divorced, child divorced, not doing well financially, special needs children/grandchildren, poor relationship with parents or siblings, live outside United States, etc.)

---

---

---

---

---

---

## DO YOU HAVE?

A Will \_\_\_\_\_ A Living Will \_\_\_\_\_ Power of attorney \_\_\_\_\_

Trust (\$) \_\_\_\_\_

Home Value (\$) \_\_\_\_\_

Mortgage (\$) \_\_\_\_\_

Other Loans (\$) \_\_\_\_\_

# STEP 1: UNDERSTANDING YOUR PRIOR EXPERIENCE WITH LTC

## PRIOR EXPERIENCE

Do you have any prior experience with a care scenario?

---

---

---

---

If so, who provided the care? What did it do to the family? How long did it last?

---

---

---

---

Where was the care provided?

---

Who paid for the care? Had the family member allocated any income or assets to pay for it?

---

---

Were there sufficient funds in a retirement portfolio to pay for the care? What impact did this have on the family's finances?

---

---

---

---

What impact did it have on the children (if any) and their relationship with each other?

---

---

---

---

Did the family member have any idea how providing care would impact the rest of the family?

---

---



NO PRIOR EXPERIENCE WITH LONG TERM CARE

What do you know about long term care?

---

---

What questions do you have that I can help you with?

---

---

---

STEP 2: CREATING YOUR CARE STRATEGY

What impact do you think needing care could have on your spouse, children, and/or friends?

---

---

SPEAK: ASSEMBLING YOUR CARE TEAM

If you need care, who will be your caregivers? What will their roles be? Have you discussed this with them? In general, family and friends can help in many areas, here are some examples: Regularly checking in, grocery shopping, transportation, personal care, help with financial matters

TEAM MEMBER	ROLES	HAVE YOU DISCUSSED THIS WITH THEM?
Amy, daughter	Regularly checking in, grocery shopping, transportation, personal care, help with financial matters	Yes

## DESCRIBE YOUR STRATEGY FOR HOW YOU CAN REMAIN INDEPENDENT

Home Health Care (best if you have a strong team)

---

---

---

Home health care companies near you that you have researched.

A good tool for finding resources in your area: <https://www.medicare.gov/homehealthcompare/search.html>

1. 

---
2. 

---

Assisted Living Facility (best if you plan on using professional care)

---

---

---

Assisted living facilities near you that you have researched

A good tool for finding these facilities: <https://eldercare.acl.gov>

1. 

---
2. 

---

Skilled Nursing Facility (when necessary)

---

---

---

Skilled nursing facilities near you that you have researched.

A good tool for finding these facilities: <https://www.medicare.gov/nursinghomecompare/search.html>

1. 

---
2. 

---

## FINANCES DURING CARE

Will there be sufficient income to support your lifestyle, keep the commitments we discussed, and pay for care at the same time?

---

---

## FINANCES DURING CARE (CONTINUED)

How do you think needing care over a period of years could impact those depending on this income and investment portfolio?

---

---

---

Do you have a continuing financial obligation to any of your children or grandchildren because of personal problems or physical or mental problems?

---

---

---

Is it important to distribute your assets to your children according to your will or prenuptial agreement?

---

---

---

## FUND OPTIONS

There are a variety of funding options available to you, have you given thought to which may work best for your specific situation?



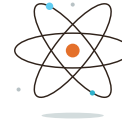
**Medicaid**



**Traditional  
LTC**



**Self-Fund**



**Asset-Based  
LTC**

## STEP 3: FUND

### CURRENT LTC PLAN

Do you have a LTC plan? \_\_\_\_\_

If yes:

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Claims Number \_\_\_\_\_

### MEDICAID

Have you discussed planning with your financial planner or elder care attorney? \_\_\_\_\_

If yes, plan notes

\_\_\_\_\_

### SELF-FUNDING

As part of the ongoing financial process (**First & Last name**) \_\_\_\_\_ and I have discussed the risks of a life-changing event such as long-term care.

**The estimated costs of long-term care in your area are the following:**

At-Home Care (\$) \_\_\_\_\_

Assisted Living (\$) \_\_\_\_\_

Private Nursing Home (\$) \_\_\_\_\_

Source: \_\_\_\_\_

You have informed me that you would like to self-insure against an extended healthcare need using the following assets:

Account Name	Account Type	Account Value	Account Number

We will continue to review your plans to self-insure for long-term care expenses and changes in your life may affect your future financial plans.

Client Name (Print/Signature) \_\_\_\_\_

Client Name (Print/Signature) \_\_\_\_\_

Advisor Name (Print/Signature) \_\_\_\_\_