

**INCOME CAP TRUST INTAKE SHEET**

Name of Elder: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # of Elder: \_\_\_\_\_ Relationship of Client to Elder: \_\_\_\_\_

Power of Attorney: *Yes / No* Date Signed: \_\_\_\_\_ Who Appointed: \_\_\_\_\_

Address of Elder: \_\_\_\_\_

County and length of residence there: \_\_\_\_\_

Type of Facility:          Adult Foster Care                          Nursing Home  
                               Assisted Living                              Residential Care Facility  
                               In-Home        Other: \_\_\_\_\_

Name of Client (Trustee): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address and Telephone Number of Client (*Include Relationship*) \_\_\_\_\_

Alternate Trustee: (*Name, Address, Relationship*) \_\_\_\_\_

Does Elder have Health Insurance? *Yes / No*     Where: \_\_\_\_\_ Cost: \$ \_\_\_\_\_

Does Elder have Medicare Supplemental Insurance, or some alternative Managed Care? \_\_\_\_\_

Does Elder have Long Term Care Insurance? *Yes / No*     Details: \_\_\_\_\_

Social Security Income of Elder: \_\_\_\_\_

Other Gross Income (specify): \_\_\_\_\_

Cost of Care per month (all but Medications): \$ \_\_\_\_\_ Cost of Medications per month: \$ \_\_\_\_\_

Assets of Elder: \_\_\_\_\_

Has any of this month's income been spent? \_\_\_\_\_ How much is left?? \_\_\_\_\_

Are there any unpaid debts, bills expected, etc...? \_\_\_\_\_

Where are Bank Accounts? \_\_\_\_\_

Are Bank Accounts JTWRROS\*: *Yes / No*     If Yes, with whom: \_\_\_\_\_

Is there a Social Security Representative Payee: *Yes / No*     If Yes, who: \_\_\_\_\_

Spouse of Elder living? *Yes / No*     Still in community? *Yes / No*     Still in home? *Yes / No*     Is

there a burial plan or life insurance in place for Elder: *Yes / No*

If so, where, and for how much: \_\_\_\_\_

If not, discuss whether to have one, how much to set aside, etc... \_\_\_\_\_

Is there a burial plan or life insurance in place for Spouse of Elder: *Yes / No*

If so, where, and for how much: \_\_\_\_\_

If not, discuss whether to have one, how much to set aside, etc... \_\_\_\_\_

Worker Name and Number: \_\_\_\_\_

\* JTWRROS (Joint/Trust With Rights Of Survivorship)