

Name of Elder: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number of Elder: \_\_\_\_\_

Relationship to Client/Elder: \_\_\_\_\_

Power of Attorney: Yes/No \_\_\_\_\_ Date Signed \_\_\_\_\_

Who appointed the POA: \_\_\_\_\_

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

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

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

Name of Client (Trustee): \_\_\_\_\_

Social Security Number of Trustee: \_\_\_\_\_

Address of Client: \_\_\_\_\_

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

Does Elder have Health Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where? \_\_\_\_\_ Cost \$ \_\_\_\_\_

Does Elder have Medicare Supplemental Coverage, or some alternative

Managed Care? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does Elder have Long Term Care Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Details of Insurance: \_\_\_\_\_

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 months income been spent? \_\_\_\_\_ Yes \_\_\_\_\_ No

How much is left? \_\_\_\_\_

Are there any unpaid debts, bills expected, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where are bank accounts? \_\_\_\_\_

Are bank accounts JTWR0S? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, with whom? \_\_\_\_\_

Is Spouse of Elder living? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is Spouse still in the community? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is Spouse still in home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is there a burial plan/life insurance for Elder? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so where and how much? \_\_\_\_\_

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

Is there a burial plan/life ins. for Spouse of Elder? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Worker Name: \_\_\_\_\_

Worker Number: \_\_\_\_\_