

# SINGLE FINANCIAL DATA FORM

RESPONSIBLE PARTY:	
Name _____	
Address _____	
City _____	Zip _____
Phone (a) _____	
(a) _____	



REFERRED TO
Senior Planning Services By: _____
_____
_____

Relationship to applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

In order for Senior Planning Services to conduct a review and analysis of your financial planning profile, and to induce Senior Planning Services to provide an Estate Preservation Analysis, you agree to provide the information below.

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE TREATED CONFIDENTIALLY. However, you agree that Senior Planning Services may present this document to such parties, as it deems appropriate if called upon to establish that the transactions suggested to you, if effected, were reasonable, lawful and appropriate. You understand that a false statement by you will constitute a violation of your representations and warranties in this application. You also understand that Senior Planning Services will rely entirely upon the information provided in this application in making its suggestions to you for Estate Preservation Analysis purposes and will be under no obligation to conduct any independent investigation or verification of the facts disclosed herein.

You, the undersigned applicant, hereby supply the following information and make the following representations and warranties to Senior Planning Services:

**1. Full Name of Applicant:** (Person in or going into nursing home)

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Veteran of WWII, Korea, Vietnam, Persian/Gulf  Yes  No

**2. Full Name of Spouse:**

Veteran of WWII, Korea, Vietnam, Persian/Gulf  Yes  No

**3. Residence Address and Telephone Number**

\_\_\_\_\_  
 \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

**4. Date of Birth:**      Applicant    \_\_\_/\_\_\_/\_\_\_  
                                  Spouse        \_\_\_/\_\_\_/\_\_\_

**5. Marital Status:** Married \_\_\_ Single \_\_\_ Separated \_\_\_  
 Divorced \_\_\_ Widowed \_\_\_

**6. The applicant supports the following dependents, other than your Spouse:**

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

**7. Name of Power of Attorney:**

\_\_\_\_\_  
 Phone (Work) \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_

**8. Is there a Guardianship?** Yes \_\_\_ No \_\_\_

**9. Substantial Gifts, Loans or Transfers of Money or Property:**

(a) Have you made any substantial gifts, loans or have you transferred any money or property to anyone in the last 60 months? Yes \_\_\_ No \_\_\_

*If your answer is YES, show the month and year of the gift, loan or transfer and the amount or value of each.*

(Date)	(Circumstances and Value)
___/___/___	_____
___/___/___	_____
___/___/___	_____

**10. Are you a beneficiary of any trust?** Yes \_\_\_ No \_\_\_

If yes, please describe the terms of the trust, including any rights that you have to amend or terminate, describe the trust property and its value and identify who contributed the property to the trust.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**11. Has the applicant or the spouse had a Medicaid Assessment done by the Dept. of Health and Human Services Commission or have they applied for Medicaid benefits previously?**

YES \_\_\_ or NO \_\_\_

**12. Is the applicant(s) currently in a nursing home?** \_\_\_\_\_

Date of entry into Nursing Facility? \_\_\_\_\_  
 If No, are you contemplating nursing Facility placement within the next few months? \_\_\_\_\_

**13. Did the applicant transition directly from a hospital or any other Medical Care Facility into the Nursing Facility?**

Yes \_\_\_ No \_\_\_ If answered Yes, what was the date of entry into the hospital or Medical Care Facility? \_\_\_\_\_  
 ? \_\_\_\_\_

**14. What is the Medical diagnosis of the applicant?**

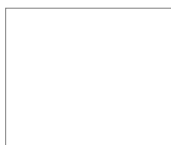
\_\_\_\_\_

**15. Is the applicant taking Medication for the diagnosis?**

YES \_\_\_ or NO \_\_\_

**16. Is the applicant capable of medicating himself/herself?**

YES \_\_\_ or NO \_\_\_



# SINGLE FINANCIAL DATA FORM

**17. Assets:** Please state the estimated fair market value, as of the date of this application, of the combined interest of you and your spouse in all of your assets, without deduction for secured liabilities or exemptions as follows:

## Current Asset Amounts

1) Residence \$ \_\_\_\_\_  
*(Tax District Appraised Market Value)*

**\* Attach a Copy of Current Tax Statement**

2) Other Real Estate \$ \_\_\_\_\_  
*(Tax District Appraised Market Value)*

3) Real Estate Notes Held \$ \_\_\_\_\_  
*Remaining Balance(s) Remaining Balance(s)*

4) Automobile(s) (1) \$ \_\_\_\_\_  
*(Year, Make, Model & Value of Each)* (2) \$ \_\_\_\_\_  
(3) \$ \_\_\_\_\_

5) Recreational Vehicles  
or Travel Trailers \$ \_\_\_\_\_  
*(Year, Make, Model & Value)*

6) IRA, Keogh, 401K \$ \_\_\_\_\_  
*(Circle the Appropriate One)*

7) Checking Account(s) \$ \_\_\_\_\_  
*(Total of All Individual and/or Joint)*

8) Savings Account(s) \$ \_\_\_\_\_  
*(Total of All)*

9) Money Market(s) \$ \_\_\_\_\_  
*(Total of All)*

10) Certificate of Deposit(s) \$ \_\_\_\_\_  
*(Total of All)*

11) Mutual Fund \$ \_\_\_\_\_  
*(Total of All)*

12) Stocks \$ \_\_\_\_\_  
*(Total of All)*

13) Bonds \$ \_\_\_\_\_  
*(Total of All)*

14) Life Insurance \$ \_\_\_\_\_  
*(Show Face Amount of Each Policy and Cash Value of Each Policy)*

Face Amount	Cash Value
\$ _____	\$ _____
Face Amount	Cash Value

15) Annuity Contracts \$ \_\_\_\_\_  
*(Show Current Cash Value)*

**Total of Assets (1-15)** \$ \_\_\_\_\_ \$ \_\_\_\_\_



# SINGLE FINANCIAL DATA FORM

**Assets (Continued):** Please state the estimated fair market value, as of the date of this application, of the combined interest of you and your spouse in all of your assets, without deduction for secured liabilities or exemptions as follows:

## Current Asset Amounts

16) Burial Plots \$ \_\_\_\_\_

17) Prepaid Burial Policies \$ \_\_\_\_\_

18) Mineral Rights \$ \_\_\_\_\_  
Tax district appraised market value if producing

19) Livestock \$ \_\_\_\_\_  
Number of Head and Value

20) Farm Equipment \$ \_\_\_\_\_  
Value of All

21) Life Estate yes  no  If yes, explain below

22) Other current assets (list): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total of Assets (1-15) \$ \_\_\_\_\_

Total of Assets (16-22) + \$ \_\_\_\_\_

**TOTAL ASSETS:** = \$ \_\_\_\_\_

23) Number of Married Children \_\_\_\_\_

Number of Unmarried Children \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SINGLE FINANCIAL DATA FORM**

**18. Income:** Give the estimated average current monthly income for the applicant, consisting of:

**Applicant**

- 1) Social Security \$ \_\_\_\_\_
  - 2) Pension (Source \_\_\_\_\_) Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_
  - 3) IRA :  Monthly  Yearly (Check One) \$ \_\_\_\_\_
  - 4) Income Annuity (Pays out Principal & Interest) \$ \_\_\_\_\_
  - 5) Interest Income (CDs, Savings Accounts, Fixed Annuities, etc.) \$ \_\_\_\_\_
  - 6) Dividends (Stocks, Bonds, Mutual Funds) \$ \_\_\_\_\_
  - 7) Rental Income \$ \_\_\_\_\_  
*(Rent Houses or Buildings)*
  - 8) Oil or Gas Income \$ \_\_\_\_\_  
Check One:  Monthly  Quarterly  Yearly
  - 9) Farm Income
    - a) Rental Income (Yearly) \$ \_\_\_\_\_
    - b) Share Crop (Yearly) \$ \_\_\_\_\_
    - c) Government Subsidy (Yearly) \$ \_\_\_\_\_
    - d) Sale of Livestock (Yearly) \$ \_\_\_\_\_
    - e) Crops (Yearly) \$ \_\_\_\_\_
  - 10) Hunting Lease Income (Yearly) \$ \_\_\_\_\_
  - 11) Other Income (Describe) \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
  - \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL INCOME:** \$ \_\_\_\_\_

**Cost of Care** \$ \_\_\_\_\_  
(Daily Room Rate X 31 Days)

**Drug Cost** \$ \_\_\_\_\_  
(Monthly Average)

**Total Cost of Care** \$ \_\_\_\_\_

If the applicant is in the nursing facility, is he/she currently on Medicare?  Yes  No If Yes, how many days remaining? \_\_\_\_\_

Monthly Cost of Medicare Supplement for Applicant \$ \_\_\_\_\_

Do you have a Long Term Care Policy?  Yes  No If Yes, what are the daily benefits? \_\_\_\_\_

**Outstanding Debts**

- 1. SPS Fee \_\_\_\_\_
- 2. Balance to Nursing Home
  - a. Current Month \_\_\_\_\_
  - b. Succeeding Month \_\_\_\_\_
- 3. Other
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
  - f. \_\_\_\_\_

**The information submitted herein was given by me and to the best of my knowledge is accurate. If it is not accurate or is incorrect then I take full responsibility for the information submitted.**

