

ASSET PROTECTION WORKSHEET

Personal Analysis to Discover VA/Medicaid Benefits You May Be Eligible For

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CONFIDENTIAL – PROTECTED BY ATTORNEY CLIENT PRIVILEGE

How did you hear about us _____ Date: _____

Name _____ DOB _____ Spouse (if applicable) _____ DOB _____

Address _____ Email: _____

Telephone Number(s): _____

Veteran No Yes **Who** You Spouse Dates of Service: _____ Dishonorable Discharge Yes No

Current Information

You Yes No **Spouse** NA

Trust Planning Yes No Yes No Rev Irr Date: _____

Long-Term Care Insurance Yes No Yes No Daily Benefit: \$ _____ Term: _____ (yrs)

In a Nursing Home? Yes No Yes No Mo. Cost: \$ _____ Unpaid Balance: _____

Durable Power of Attorney? Yes No Yes No (please email a copy of the POA along with this sheet)

Your Health

You - Current Health Good Concern Problem (Details) _____

Spouse - Current Health Good Concern Problem (Details) _____

Have You Given Away Any Assets in The Last 60 Months? No Yes Total \$ _____ Date _____

Do You Have Children: **You** Yes How Many? _____ No **Spouse** NA Same
 Do Any Live With You: Yes How Many? _____ No Yes How Many? _____ No
 Any Children Disabled: Yes No Yes No

MONTHLY INCOME – (all sources of income are important)	Soc. Sec. 401k, IRA, Pension, etc...	YOU \$ _____ \$ _____	SPOUSE \$ _____ \$ _____	TOTAL \$ _____
ASSETS (CURRENT VALUE)		YOU OR JOINT NAME	IN SPOUSE NAME	TOTAL
Cash, Checking, Savings, CD's, Money Market, etc.		\$ _____	\$ _____	\$ _____
Brokerage Accounts/Stocks, etc.		\$ _____	\$ _____	\$ _____
"Qualified" (IRA, 401K, etc.) Accounts		\$ _____	\$ _____	\$ _____
Life Insurance	Cash Surrender Value	\$ _____	\$ _____	\$ _____
	Death Benefit	\$ _____	\$ _____	\$ _____
Annuities (Current Value)		\$ _____	\$ _____	\$ _____
Home (Fair Market Value)		\$ _____	\$ _____	\$ _____
Other Assets _____		\$ _____	\$ _____	\$ _____
Total Assets		\$ _____	\$ _____	\$ _____
LIABILITIES/DEBTS		YOU OR JOINT	SPOUSE	TOTAL
Total Mortgage(s)/Other Debts & Liabilities		\$ _____	\$ _____	\$ _____
MONTHLY LIVING EXPENSES		YOU OR JOINT	SPOUSE	TOTAL
How much you spend each month to live		\$ _____	\$ _____	\$ _____
Monthly Medical Expenses		\$ _____	\$ _____	\$ _____