Assess Your Situation

I. Please check all that apply:

☐ I do not have assets to leave to others.
☐ I do not care to make arrangements and will just see what happens
☐ This is too complicated for me to understand
☐ I (or my spouse) served in the military and was honorably discharged and/or retired and the Department of Veterans Affairs (VA) will pay for my long term services and supports. I have checked with the VA to make sure.
☐ I have arranged for my care already.
☐ I have set money aside for my old age
☐ I have asked family to help. They will take care of this for me.
☐ I would like to arrange for my children or others to care for me.
☐ I bought a long-term care insurance plan and have no questions.
☐ I bought a long-term care insurance plan and have questions.
☐ I would like help deciding whether to buy long-term care insurance and/or would like help buying one.
☐ I have no plan but would like to make one.
☐ I do not mind if the state takes care of my estate and me.
☐ I do not want the state to take over my estate.
☐ I would like help setting aside finances for my long term support and service needs
☐ I need long term supports and services right now
☐ Other Questions? ____________________________________________________________
II. If I need help with activities of daily living (ADLs):

I have children, relatives, or friends who will help me part or full time. They are:

_____________ who lives in __________________
_____________ who lives in __________________
_____________ who lives in __________________

Note: if you are making plans for your children, other relative(s) or a friend to help you; include them in your planning process.

I can afford to pay the people I named above for my care, or they can afford to take care of me.

Yes ☐  No ☐

I can afford to hire a home care worker to help me with my activities of daily living.

Yes ☐  No ☐

III. Where I want to live if I need long term services and supports:

I want to choose where I live when I am unable to take care of myself:

Yes ☐  No ☐

I would like to live:

☐ In my home
☐ In an adult family home _________________________
☐ In an assisted living __________________________
☐ In a nursing facility __________________________
OR
☐ Name of person I want to live with: ____________

Places to receive long term services & supports:

There are many places to receive care, including at home, in an assisted living facility, adult family home, or nursing home.
IV. Family Illness History:

If a certain disease or illness runs in your family, you may be at greater risk. You may want to keep this in mind when planning for long term services and supports. Use the chart below to record your family illness history:

<table>
<thead>
<tr>
<th>Illness</th>
<th>Parent</th>
<th>Sibling</th>
<th>Grandparent</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Amyotrophic Lateral Sclerosis (Lou Gehrig’s Disease)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐ Arthritis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐ Alzheimer’s Disease</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐ Cancer</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Congestive Heart Failure</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Diabetes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐ High Blood Pressure</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ High Cholesterol</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Incontinence (of Bowel or Bladder)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>☐ Kidney Disease</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>☐ Osteoporosis</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>☐ Memory Loss (or Dementia)</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>☐ Multiple Sclerosis</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>☐ Lung Disease</td>
<td>☐</td>
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<tr>
<td>☐ Psychiatric Disorder</td>
<td>☐</td>
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<tr>
<td>☐ Stroke</td>
<td>☐</td>
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<tr>
<td>☐ Tuberculosis</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>☐ Other: ________________________________</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
V. My Finances:

A. **My Income** (Social Security, wages, retirement, benefits, etc.) is:
   
a. NOW: $__________/month.

   b. WHEN I RETIRE, approximately: $__________/month.

B. **My Assets** (money in the bank, savings, investments, etc. are approximately):
   
a. NOW: $__________.

   b. WHEN I RETIRE, my assets will be worth approximately: $__________.

C. I own a **Home or Property** worth:
   
a. NOW: $__________.

   b. WHEN I RETIRE, my home or property will be worth approximately: $__________.

D. I own **Rental Property** worth:
   
a. NOW: $__________.

   b. WHEN I RETIRE, my rental property will be worth approximately: $__________.

E. I own a **Car or Other Vehicle** worth:
   
a. NOW: $__________.

   b. WHEN I RETIRE, my car will be worth approximately: $__________.