



# SALINES-MONDELLO LAW FIRM, PC

ELDER LAW & SPECIAL NEEDS PLANNING

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**Today's Date:** \_\_\_\_\_

### ***PERSONAL DATA (PERSON IN NEED)***

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

\_\_\_\_\_ Eve. Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ US Citizen? YES \_\_\_\_\_ NO \_\_\_\_\_

### ***FAMILY (OF PERSON IN NEED)***

#### **Spouse:**

First Name	MI	Last Name	Age	Address	Telephone

#### **Children:**

First Name	MI	Last Name	Age	Address	Telephone

First Name	MI	Last Name	Age	Address	Telephone

First Name	MI	Last Name	Age	Address	Telephone

**Siblings:**

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First Name	MI	Last Name	Age	Address	Telephone
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First Name	MI	Last Name	Age	Address	Telephone
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Is anyone else residing with the person in need? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please explain:

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Proposed trustee(s): \_\_\_\_\_

If there is no proposed Trustee we can discuss the appointment of a non-profit.

**MEDICAL/DISABILITY**

What is the nature of the injury/disability and the individual's current and future needs related to their disability?

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Is anyone else in the family disabled? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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Is anyone at risk for becoming seriously ill or disabled because of a medical condition or family history? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

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Are you or anyone in the family receiving care in a hospital or skilled nursing facility?

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

Name of Facility \_\_\_\_\_ Date of Admission \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Diagnosis \_\_\_\_\_

**HEALTH INSURANCE**

**You**

**Family Member**

Medicare \_\_\_\_\_

\_\_\_\_\_

Insurance from Employer \_\_\_\_\_

\_\_\_\_\_

Medicare Supplement \_\_\_\_\_

\_\_\_\_\_

Mass Health \_\_\_\_\_

\_\_\_\_\_

Long Term Care Ins. \_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

**GOVERNMENT BENEFITS**

Are you, your parents, spouse or children receiving any of the following benefits?

**PROGRAM**

**YOU**

**FAMILY MEMBER**

SSI \_\_\_\_\_

\_\_\_\_\_

SSDI \_\_\_\_\_

\_\_\_\_\_

TAFDC \_\_\_\_\_

\_\_\_\_\_

Food Stamps \_\_\_\_\_

\_\_\_\_\_

Subsidized Housing \_\_\_\_\_

\_\_\_\_\_

Federal \_\_\_ State \_\_\_

Other \_\_\_\_\_

**FINANCIAL**

**Settlement of Claim:**

Has a settlement been finalized? Yes\_\_\_\_ No\_\_\_\_ If so, what is the amount and how is it structured?

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**Income Producing Assets:**

Bank Accounts, Brokerage Accounts, Stocks, Corporate or U.S. Bonds, IRAs, Annuities, Other

Description of Asset

Value

Account #

In Whose Name?

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Have you or other family members made any transfers or gifts of \$10,000 or more during the past three years? YES \_\_\_\_\_ NO \_\_\_\_\_

**Real Estate:**

Description of Property    Purchase Date    Purchase Price    In Whose Name

\_\_\_\_\_

**Monthly Income:**                      **You**                      **Your Spouse**                      **Joint**

Social Security	_____	_____	_____
Employment	_____	_____	_____
Pension	_____	_____	_____
IRA's, Annuities, etc.	_____	_____	_____
Rents	_____	_____	_____
Business Interest	_____	_____	_____
Other	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____

**In-Kind Income:**

Is anyone paying for your food, clothing or shelter?                      YES \_\_\_\_\_ NO \_\_\_\_\_  
 If so, please explain: \_\_\_\_\_

**Life Insurance:**

Whose Life	Company	Face Value	Cash Value	Policy#	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Other Property with Designated Beneficiaries**

Do you have IRAs, Vested Pension Plan, Annuities, or other Assets that would pass on your death to a particular designated beneficiary?

Description	Value	Designated Beneficiary
_____	_____	_____
_____	_____	_____

Do you or any family members expect an inheritance?                      YES \_\_\_\_\_ NO \_\_\_\_\_  
 If so, please explain \_\_\_\_\_.

Are you or a family member the beneficiary of any trust? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If so, please explain \_\_\_\_\_.

**Liabilities: (liens, mortgages, notes to banks, notes to others, loans on insurance, other)**

Description	Balance Due	Monthly Pmt	Maturity Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there an outstanding Medicare or Medicaid lien? YES\_\_\_\_\_ NO\_\_\_\_\_

Description:	Balance Due
_____	_____
_____	_____

**SPECIAL NEEDS**

Do you have any special needs which could be met by using trust assets?  
YES\_\_\_\_\_ NO\_\_\_\_\_

If so, please explain\_\_\_\_\_

TRANSPORTATION \_\_\_\_\_  
Loan Payments \_\_\_\_\_  
Insurance \_\_\_\_\_  
Gas/Oil \_\_\_\_\_  
Main/Repairs \_\_\_\_\_

HOUSING \_\_\_\_\_  
Mortgage \_\_\_\_\_  
Rent \_\_\_\_\_  
Utilities \_\_\_\_\_

DEBTS \_\_\_\_\_  
Credit Cards \_\_\_\_\_  
Other \_\_\_\_\_

CLOTHING \_\_\_\_\_  
Purchases \_\_\_\_\_  
Cleaners \_\_\_\_\_

ENTERTAINMENT/RECREATION \_\_\_\_\_  
Vacation \_\_\_\_\_  
Eating Out \_\_\_\_\_  
Clubs \_\_\_\_\_  
Total: \_\_\_\_\_

**LEGAL**

	Date Made	Location of Original
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Health Care Proxy	_____	_____
Living Trust	_____	_____

**Please bring copies of the following documents with you to your meeting with the attorney:** (where applicable)

1. Litigation Complaint
2. Proposed or final settlement or release
3. Will, codicil, trust agreements
4. Real estate deeds, appraisals
5. Divorce decrees, prenuptial agreements, adoption papers
6. Guardianship papers
7. Living will, health care proxy, durable power of attorney
8. A list of full names, addresses, telephone numbers of people who have a part in your planning as executors, trustees, beneficiaries of your estate, helpers and advisors.
9. Retirement plans, including any forms designating beneficiaries.
10. Social Security Statement regarding disability.