

CHAYET & DANZO_{LLC}

PUBLIC AND PRIVATE BENEFIT PLANNING INTAKE

Date of Information: _____

Intake Form Completed by: _____

Personal Information

Applicant's Full Name: _____

Address _____

County _____ DOB _____ Age _____

SSN _____ Home phone _____

Cell phone _____ Work phone _____

Spouse's Full Name _____

Address (if not at same address of client) _____

County _____ DOB _____ Age _____

SSN _____ Home phone _____

Cell phone _____ Work phone _____

Children

1) Name	
Address	
Home phone	
2) Name	
Address	
Home phone	
3) Name	
Address	
Home phone	
4) Name	
Address	
Home phone	

Do all children get along? Yes No

Comments _____

Medical

Primary Care Physician:

Name _____ phone number _____

Address _____

Who is primary care giver? (in-home nurse, spouse, children, etc)

Name _____ Relationship _____

Is primary care giver the representative payee? Yes No

Current health status:

Living at home? Yes No

In home healthcare? Yes No

If yes, average monthly cost _____

Living in a nursing home? Yes No If yes, where? _____

Date admitted? _____

Average monthly cost? _____

Why? _____

If yes, where? _____

Date admitted? _____

Average monthly cost? _____

Why? _____

Currently hospitalized? Yes No If yes, where? _____

Date admitted? _____

Why? _____

Any capacity issues? Yes No

If yes, what are they?

ADLs: grooming dressing bathing eating toileting

Health Insurance:

Medicare A? Yes No Medicare B? Yes No

Private Health Insurance? Yes No

If yes: Provider Name _____

Policy number _____ Group number _____

Copies of cards (front and back): Yes No

Private Disability Insurance:

Provider's Name: _____

Policy number _____ Group number _____

Short-Term Disability Benefits: Eligible or Currently Paid or Paid? (Circle One)

Long-Term Disability Benefits: Eligible or Currently Paid or Paid? (Circle One)

Amount of Monthly Benefit? _____

Long Term Care Insurance? Yes No

If yes, Provider Name _____

Terms _____

Copy of Policy? Yes No

Name of Medication, Dosage & Purpose	Monthly Cost?

Income

	Applicant's	Spouse
Social Security Retirement		
Social Security Disability		
Social Security Survivor's		
SSI		
Pension		
Veterans Benefit		
Earned Income		
Unearned Income		

Source of unearned income? _____

Resources and Assets

Bank Accounts

Type	Institution	Title	Value	Statement received?

Investments

Type	Institution	Title	Value	Statement Received ?

Retirement (IRA and 401K)

Type	Institution	Title	Value	Beneficiary	Statement Received ?

Vehicles

Year	Make	Model	Market Value	Amount owed	Titled

Real Property

Address	
County	
Current value	
Basis	
How is it titled?	
Mortgage Company	

Deed provided? Yes No

Life Insurance

Type	Institution	Face value	Cash value	Beneficiary	Statement received?

Burial Plans

Irrevocable	Where	Plots	Terms	Market value	Statement received?

Tangible Personal property valued over \$2000

Description	Value

Other Property _____

Transfers in last 60 months? **Yes** **No**

To whom? _____

When? _____

Value? _____

To whom? _____

When? _____

Value? _____

Expenses

Monthly expenses and cost of care:

Expense	Monthly Cost
Mortgage Payment/Rent	
Utilities/Phone	
Health insurance Premium	
Medications (total)	
Car Payments	
Car Insurance	
Credit Cards	
Nursing Home	
Alimony	
Food	
Clothing	
Entertainment	

ESTATE PLANNING DOCUMENTS

Applicant's:

Will? Yes No Date _____

Disposition of assets _____

Medical POA? Yes No Date _____ Agent _____

Financial POA? Yes No Date _____ Agent _____

Spouse's:

Will? Yes No Date _____

Disposition of assets _____

Medical POA? Yes No Date _____ Agent _____

Financial POA? Yes No Date _____ Agent _____

Trusts: Date _____ Trustees _____

Revocable? Irrevocable?

Documents To Bring With You To Your Initial Session

Names & Address List: *Names, Addresses, Phone Numbers, Social Security Numbers, Date of Birth of Family Members*

Estate Planning Documents: *Wills, Trusts, Powers of Attorney, Advanced Directives, Pre/Post Nuptial Agreements*

Deeds to Real Property: *Primary residence, rental/investment property, commercial property, vacant land, and agricultural land*

Asset List and Estimated Values: *Checking Accounts, Savings Account, Certificates of Deposit, Bonds & Stocks, Investment Accounts, Money Market Accounts, Retirement Accounts & Pensions, Mineral Rights, Oil & Gas Rights, Vehicles (Cars, Boats, etc.)*

Insurance Policies: *Life Insurance, Medical Insurance, Long-Term Care Insurance, Disability Insurance*

Veterans Benefits: *Proof of Eligibility and monthly benefit.*

Statements of Eligibility or Benefits from SSI/SSDI, Medicaid, Medicare, Private Insurance

List of Doctors: *Names, Addresses, Specialties*

Doctor's Letter of Diagnosis *(if available)*

Any Notices, Claims, or Denials from Medicaid, Medicare, SSI/SSDI, or Insurance Provider

For SSDI consultations: *Outline of Work History for the Last 15 Years*

It is appreciated if you bring copies for us to keep of all the documents you gather, but this is not necessary. However, if we need to spend time making copies during your appointment, it takes away from the time we have to spend with you analyzing the case.