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CONFIDENTIAL
Long Term Care Consultation Form

Prepared by _____ *Date* _____

Identification	Applicant/Patient	Spouse of Applicant/Patient
<i>Full name</i>		
<i>Social security number</i>		
<i>Other names by which you are known</i>		
<i>Home address</i>		
<i>City/County</i>		
<i>E-mail address</i>		
<i>Home telephone number</i>		
<i>Place of Birth (State)</i>		
<i>Date of birth and Age</i>		
<i>Citizenship</i>		
<i>Marital status?</i>		
<i>Are you a wartime veteran, or surviving spouse of a veteran? Provide active duty dates:</i>		

Family Members (Please note if any of the following are disabled or are receiving Social Security Disability Income.)

<i>Relationship to Applicant</i>	<i>Full Name</i>	<i>Address</i>
<i>Child and grandchildren</i>		
<i>Child and grandchildren</i>		
<i>Child and grandchildren</i>		
<i>Child and grandchildren</i>		
<i>Mother Deceased or Alive? _____</i>		
<i>Father Deceased or Alive? _____</i>		
<i>Sibling</i>		
<i>Sibling</i>		
<i>Sibling</i>		

Income Source	Name of person receiving money	How Often	When Received	Amount
<i>Social Security</i>				
<i>Retirement</i>				
<i>Interest</i>				
<i>Other</i>				
<i>Other</i>				

Gifts (Please list all gifts or family loans made by either spouse to anyone in the last 5 years.)		
<i>Recipient</i>	<i>Date of Gift</i>	<i>Amount</i>

Anticipated Inheritance (Please provide the following information if you or your spouse expect to inherit property.)		
<i>Name and Age of Benefactor</i>	<i>Anticipated Recipient</i>	<i>Value</i>

Real Estate (If you have sold real estate in the last 60 months, please provide the information for that sold property.)				
<i>Property Address</i>	<i>Date Acquired</i>	<i>Mortgage Balance</i>	<i>Name(s) in Which Property is Titled</i>	<i>Current Value</i>

Real Estate, continued from above lines				
<i>Property Address</i>	<i>Equity Line on property? Yes or No</i>	<i>Equity Line Limit</i>	<i>Amount disbursed on Equity Line</i>	<i>Equity Line Amount Available</i>

Cash Accounts – Checking, Savings, Money Market, Certificates of Deposit

<i>Bank or Other Institution</i>	<i>Date Opened</i>	<i>Type of Account (Checking, Savings, etc.)</i>	<i>Account Number</i>	<i>Name(s) in Which Account is Titled</i>	<i>Current Balance</i>

Stocks & Bonds, Brokerage Accounts, Retirement Accounts and Annuities

<i>Name</i>	<i>Number of Shares (Face Value)</i>	<i>Date Acquired</i>	<i>Name(s) in Which Titled</i>	<i>Current Market Value</i>

Life Insurance		
	<i>Policy #1</i>	<i>Policy #2</i>
<i>Company Name and Contact Information</i>		
<i>Date Acquired</i>		
<i>Policy Number</i>		
<i>Policy Owner</i>		
<i>Insured</i>		
<i>Type (Whole, Term, etc.)</i>		
<i>Beneficiary</i>	<i>Primary:</i> <i>Secondary:</i>	<i>Primary:</i> <i>Secondary:</i>
<i>Face Value</i>		
<i>Cash Value</i>		

Other property	Description Year, Make and Model	Tax Assessed Value	Amount Owed	Owners
<i>Vehicles, boats, RVs, etc.</i>				
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<i>Vehicles, boats, RVs, etc.</i>				
<i>Valuable collection</i>				
<i>Leases or promissory notes</i>				
<i>Other</i>				

Health Insurance	Yes	No	Account Number	Type	Premium	Company Information	Policy Holder	Person Insured
<i>Medicare Part A</i>								
<i>Medicare Part B</i>								
<i>Medicare Part D</i>								
<i>Medicare Supplement</i>								

Medical Expenses	Applicant	Spouse of Applicant
<i>Prescription Drugs (monthly average)</i>		
<i>Incontinent Supplies (monthly average)</i>		
<i>Facility Charges</i>		
<i>Other medical expenses</i>		

Burial Information				
Owner	Number of Plots	Type of Arrangement	Location of Arrangements	Value & Amount owed

Long Term Care Insurance		
	<i>Policy #1</i>	<i>Policy #2</i>
<i>Company Name and Contact Information</i>		
<i>Date Acquired</i>		
<i>Policy Number</i>		
<i>Policy Owner</i>		
<i>Insured</i>		
<i>Daily Benefit Amount</i>		
<i>Lifetime Benefit limit (if applicable)</i>		
<i>Premium amount</i>		

Disability Insurance		
	<i>Policy #1</i>	<i>Policy #2</i>
<i>Company Name and Contact Information</i>		
<i>Monthly Benefit</i>		
<i>Policy Number</i>		
<i>Term of coverage</i>		
<i>Premium amount</i>		