



LONG-TERM CARE PLANNING CHECKLIST

CUSO Financial Services, LP

Retirement Planning & Investment Center

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General Information	Yes	No	N/A
1. Has relevant personal information been gathered? <ul style="list-style-type: none">• Name• Date of birth• Legal state of residence• Health status, including medications being taken• Marital status• Family members available for support• Name, phone number, and address of attorney, physician, geriatric care manager or other advisor			
2. Has financial situation been assessed? <ul style="list-style-type: none">• Income from Social Security, pension, employment, or other source• Expenses• Assets• Liabilities			
Notes:			

Long-term care planning	Yes	No	N/A
1. Is the need for long-term care imminent?			
2. Are assets sufficient to cover long-term care needs?			
3. Have ways to fund long-term care been reviewed/evaluated?			
4. If homeowner, has home equity as a use of funds been discussed?			
5. Are long-term care insurance benefits available?			
6. Have various housing options and their costs been considered? <ul style="list-style-type: none"> • In-home care • Living with a relative • Continuing care retirement community • Assisted living • Nursing home 			
Notes:			

Insurance planning	Yes	No	N/A
1. Is adequate health insurance available? <ul style="list-style-type: none"> • Medicare • Medigap • Private health insurance • Prescription plans 			
2. Have Medicaid planning goals and strategies been considered?			
3. Has Medicaid qualification criteria been discussed?			
4. Has the need for long-term care insurance been established?			
5. Is long-term care insurance coverage available to the client?			
6. Have existing long-term care insurance policies been reviewed/evaluated?			
7. Does long-term care insurance coverage need to be upgraded?			
8. Do long-term care benefits need to be accessed?			
Notes:			

Estate planning *	Yes	No	N/A
1. Has long-term care planning been coordinated with estate planning needs?			
2. Have appropriate estate planning documents been prepared? <ul style="list-style-type: none"> • Will • Trust 			
3. Have advanced medical directives been prepared? <ul style="list-style-type: none"> • Durable power of attorney • Living will • Health-care proxy 			
4. Have letters of instruction been prepared?			
5. Has this information been communicated to family members?			
Notes:			

Other	Yes	No	N/A
<p>1. Has the need for organizing important documents and records been discussed?</p> <ul style="list-style-type: none"> • Bank account records (statements and passbooks) • Monthly bills to be paid • Stock certificates, bonds, and other investment records • Retirement plan statements • Real estate deeds, mortgages, and other property ownership records • Vehicle titles • Business agreements • Insurance policies • Will, trust, advanced medical directives, letters of instruction, and other documents • Birth certificate, marriage certificate, divorce decree, military service papers 			
<p>Notes:</p>			

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