

FINANCIAL & HEALTH INSURANCE INFORMATION

FINANCIAL INFORMATION

<u>Monthly Income Sources</u>	<u>Amount</u>
a. Social Security:	_____
b. Retirement Benefits/Pension:	_____
c. Other Income: Describe _____	_____
_____	_____
_____	_____
Total Estimated Monthly Income:	_____

ASSETS

	<u>Current Value/Amount</u>
a. Home:	_____
b. Checking Account:	_____
c. Savings Account:	_____
d. Investments:	_____
e. Other Assets: Describe _____	_____
_____	_____
_____	_____
Total Assets:	_____

LIABILITIES

	<u>Amount</u>
a. Mortgage:	_____

(Continued on Back)

LIABILITIES - continued

b. Other:
Describe _____

Total Liabilities: _____

1) Do you have a financial manager? _____ Yes _____ No

If yes: Name: _____ Phone: _____

Address: _____

2) Do you have a Living Trust? _____ Yes _____ No

If yes: Trustee Name: _____ Phone: _____

Address: _____

3) Do you have a Responsible Party who is now responsible for payment of your bills or who can be in the event it is necessary? ___ Yes ___ No

If yes: Name: _____ Phone: _____

Address: _____

HEALTH INSURANCE INFORMATION

Do you qualify for Medicaid? _____ Yes _____ No

Are you receiving Medicaid? _____ Yes _____ No

Do you have Medicare insurance? _____ Yes _____ No

Medicare number: _____

Primary Health Insurance

Name: _____

Policy #: _____

Other Health Insurance

Name: _____

Policy #: _____