

# Chayet, Dawson & 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:

<b>Expense</b>	<b>Monthly Cost</b>
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.***