

## Free Aging Issues Assessment

This assessment and the resulting recommendation report are a free service. You have no obligation to us - hidden or otherwise - in providing the responses and receiving the resulting recommendations. This is part of our commitment to serving the local community. There are only 22 "Yes" or "No" responses required and it should take you less than 8 minutes to complete it.

Most often this assessment is completed by a family member or other interested individual on behalf of an aging senior and his or her spouse if applicable. This does not preclude the aging senior from filling it out himself or herself.

Once you have completed the assessment and submitted it, we will generate the recommendation report which consists of identifying aging issues that may arise in the future or that require immediate attention. The report you receive will also provide numerous recommendations or strategies you can pursue to correct the challenges the aging household faces or will face. It is important that you give us accurate contact information so we can arrange to get this report into your hands either through email or surface mail or any other means you choose.

Name of Planner: Thomas Day

### Personal and Contact Information (Click here to Open)

<p><b>*Full name of the person filling out this survey</b></p> <input style="width: 95%;" type="text" value="John Smith"/>	<p><b>*Email of the person filling out this survey</b></p> <input style="width: 95%;" type="text" value="john@email.com"/>
<p><b>*Phone number of the person filling out this survey</b></p> <input style="width: 95%;" type="text" value="(555) 666-7777"/>	<p>If you are NOT submitting this survey on your own behalf as an aging senior, please type in the box below the <u>full name</u> of the aging senior to whom this survey applies.</p> <input style="width: 95%;" type="text" value="Charles Smith"/>
<p><b>*Age of aging senior</b></p> <input style="width: 95%;" type="text" value="85"/>	<p><b>Full name of the spouse (if there is a spouse)</b></p> <input style="width: 95%;" type="text" value="Alice Smith"/>
<p><b>Age of spouse (if there is a spouse)</b></p> <input style="width: 95%;" type="text" value="83"/>	<p><b>Street address of aging senior</b></p> <input style="width: 95%;" type="text" value="anywhere"/>
<p><b>Residence city of aging senior</b></p> <input style="width: 95%;" type="text" value="Bruceeton"/>	<p><b>Residence state of aging senior</b></p> <input style="width: 95%;" type="text" value="VA"/>

**\* (Indicates a required entry)**

[Click here to read the privacy notice](#)

**\* I AGREE TO THE PRIVACY & CONFIDENTIALITY NOTICE**

### Planning for the Challenges of Aging Survey (Click here to Open)

q1. Currently owns a home

<u>Aging Senior</u>	<u>Spouse</u>
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

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q2. Intends for children or others to inherit remaining assets.

<u>Aging Senior</u>	<u>Spouse</u>
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

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q3. Has a plan to protect income and assets from Medicaid impoverishment rules

<u>Aging Senior</u>	<u>Spouse</u>
<input type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No

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q4. Owns life insurance policies with more than \$50,000 of combined death benefit

<u>Aging Senior</u>	<u>Spouse</u>
<input checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input checked="" type="radio"/> No

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q5. Understands Medicaid recovery rules for seizing the home equity

<u>Aging Senior</u>	<u>Spouse</u>
<input type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No

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q6. Has gifted assets to other than the spouse within the last five years

<u>Aging Senior</u>	<u>Spouse</u>
<input checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input checked="" type="radio"/> No

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q7. Has a prearranged funeral and burial using a trust as a planning tool

<u>Aging Senior</u>	<u>Spouse</u>
<input type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No

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q8. Has formally designated which of the special keepsakes the heirs will receive

<u>Aging Senior</u>	<u>Spouse</u>
<input type="radio"/> Yes	<input checked="" type="radio"/> Yes
<input checked="" type="radio"/> No	<input type="radio"/> No

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q9. Intends for children of previous marriages to receive an inheritance

<u>Aging Senior</u>	<u>Spouse</u>
<input checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input checked="" type="radio"/> No

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q10. Has a will and or a trust in place

<u>Aging Senior</u>	<u>Spouse</u>
<input type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No

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q11. Is concerned about the use of heroic measures to stay alive

<u>Aging Senior</u>	<u>Spouse</u>
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

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q12. Has an irrevocable trust

<u>Aging Senior</u>	<u>Spouse</u>
<input type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No

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q13. Has legally designated someone to make decisions due to mental incapacity

<u>Aging Senior</u>	<u>Spouse</u>
<input type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No

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q14. Has one or more long-term care insurance policies

<u>Aging Senior</u>	<u>Spouse</u>
<input checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input checked="" type="radio"/> No

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q15. Spending too much money on Medicare supplement or advantage plan

<u>Aging Senior</u>	<u>Spouse</u>
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes
<input type="radio"/> No	<input type="radio"/> No

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q16. Needs assistance from a care provider due to disability or dementia

<u>Aging Senior</u>	<u>Spouse</u>
<input checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input checked="" type="radio"/> No

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q17. Anticipates receiving future care services at home or home of a family member or friend

<u>Aging Senior</u>	<u>Spouse</u>
<input checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input checked="" type="radio"/> No

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q18. Receiving or will shortly receive care services in the home from a family member

<u>Aging Senior</u>	<u>Spouse</u>
<input checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input checked="" type="radio"/> No

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q19. Receiving or will receive care services in the home from a professional care provider company

<u>Aging Senior</u>	<u>Spouse</u>
<input checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input checked="" type="radio"/> No

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q20. Anticipates moving into Independent Living, Assisted Living, or nursing home

<u>Aging Senior</u>	<u>Spouse</u>
<input type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No

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q21. Currently lives in Independent Living, Assisted Living or nursing home

<u>Aging Senior</u>	<u>Spouse</u>
<input type="radio"/> Yes	<input type="radio"/> Yes
<input checked="" type="radio"/> No	<input checked="" type="radio"/> No

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q22. A living aging senior, living spouse or deceased spouse is or was a veteran of military service

<u>Aging Senior</u>	<u>Spouse</u>
<input checked="" type="radio"/> Yes	<input type="radio"/> Yes
<input type="radio"/> No	<input checked="" type="radio"/> No



Submit Survey