Life Changes
ELDER CARE CONSULTING LLC

FINANCIAL & INSURANCE ASSESSMENT

NAME: _____ **ASSESSMENT DATE:** _____

1. Financial status – USE LC143 for developing personal budget – Income and expenses
2. Real Estate: _____

   _____
3. Assets: _____

   _____

   _____

   _____
4. Expenses & Income: use expense tracking sheet LC143a Personal Budget
5. Is the client a Veteran? _____ Do they have their DD214 (discharge doc)?_____
   a. Have their served at least one day of active duty during wartime? _____
   b. Current income and assets to determine eligibility for state/federal programs or Veterans Administrations programs _____

      _____

      _____
6. How is the client is managing daily money matters? _____

   _____
   a. Bookkeeper Name: _____
   b. Accountant: _____
   c. Trust Administrator _____
7. Health Insurance coverage, include (obtain copies of the cards for each)
   a. Medicare A, B: _____ Policy # _____
   b. Supplemental:_____ Policy # _____
   c. Medicare D:_____ Policy # _____

   OR
   d. Advantage plan:_____ Policy # _____
   e. Medicaid: _____ Policy # _____
   f. Long Term Care Insurance _____ Policy # _____
   g. Life _____ Policy # _____
   h. VA benefits _____

      _____