

THE SKETCHLEY LAW FIRM, P. A.

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My Long Term Care Planning Choices

1. I trust _____ and _____ to make my financial decisions if I am unable to do so. I ___ have ___ have not spoken to him/her about his/her willingness to help me make financial decisions when I am unable to do so.

2. I trust _____ and _____ to make my medical decisions if I am unable to do so. I ___ have ___ have not spoken to him/her about his/her willingness to help me make medical decisions when I am unable to do so.

3. I ___ do ___ do not want life prolonging procedures if I am suffering from ___ an end-stage condition, ___ a persistent vegetative state or ___ a terminal condition. I have spoken to ___ my spouse, ___ my best friend, ___ my siblings, ___ my children, ___ my doctor, ___ my pastor or ___ my parents about my wishes.

4. If I am unable to care for myself, I want to be cared for by the following people:
___ family ___ friends ___ volunteers ___ paid caregivers
___ the staff of an assisted living facility ___ the staff at a skilled nursing facility

5. If I am unable to care for myself, I want to be cared for in the following place:
___ in my own home ___ in my own independent apartment
___ in the home of a family member ___ in an assisted living facility
___ in a skilled nursing facility

6. My estate planning goals are (1 through 10. 1 = most important, 10 = least important):
___ Providing for my care for life
___ Limiting the costs of my care
___ Providing an inheritance
___ Protecting myself from financial hardship
___ Financial Independence
___ Protecting loved ones financially
___ Supporting a disabled loved one
___ Avoiding probate
___ Giving to charity/church
___ Avoiding estate/gift taxes

7. I ___ have ___ have not investigated the costs of providing for my care as I have indicated in questions 4 and 5.

8. If I needed care today, it will cost approximately \$ _____ per month to have my care provided as I have indicated in questions 4 and 5.



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9. I arrived at the cost of my care indicated in question 8 by ___ guessing, ___ asking friends or neighbors who are currently paying for care, ___ contacting providers who might provide my care, ___ doing an internet search on the costs of care I want, ___ calling facilities, or ___ none of the above.
10. I ___ do ___ do not know what the emotional, physical and financial costs will be to my family to provide for my care as I have indicated in questions 4 and 5.
11. My family (spouse, children and grandchildren) ___ is ___ is not willing to provide care to me without cost. I ___ have ___ have not spoken to them about providing care for me. I ___ do ___ do not believe that my family understands the financial, physical and emotional costs of providing for my care.
12. If my care is provided as I have indicated in questions 4 and 5, I have the following personal or family resources available to pay for that care:
___ long term care insurance
___ income (include Social Security, pensions, annuity payments, IRA payments, interest, rental income, ect.)
___ assets (include value of all real property, savings, investments, whole life insurance, mineral rights, personal property, collections, bonds, etc.)
___ family members willing to contribute uncompensated care
___ family members willing to contribute their own income or assets to my care
13. I believe I ___ qualify for ___ will qualify for the following public/government benefits I believe will help pay for my care as I have indicated in questions 4 and 5:
___ Medicare ___ Medicaid ___ Veterans' Benefits _____
___ Other _____
14. I ___ have ___ have not made my funeral/cremation/burial plans.
15. I have the following legal documents that will help my family or friends help me make decisions when I am unable to do so:
___ Durable Power of Attorney Dated: _____ Located: _____
___ Health Care Surrogate Designation Dated: _____ Located: _____
___ Living Will Dated: _____ Located: _____
___ Trust Dated: _____ Located: _____
___ Pre-need Guardian Designation Dated: _____ Located: _____
16. I have told ___ my spouse, ___ my best friend, ___ my siblings, ___ my children, ___ my doctor, ___ my pastor or ___ my parents where the documents I indicated I have in question 15 are located.
17. I will have my long term care planning done by _____.



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