



Use this worksheet to organize your thoughts about long-term care and end-of-life planning. Once you have worked through these questions, contact your elder law attorney to have the legal documents created and executed that will put your plan in place.

**YOUR DECISION-MAKERS**

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.

**YOUR CARE PREFERENCES**

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

**YOUR ESTATE PLANNING GOALS**

6. Rank your estate planning goals from 1 to 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

**UNDERSTANDING THE COSTS**

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 would cost approximately \$ \_\_\_\_\_ per month to have my care provided as I have indicated in questions 4 and 5.
9. I arrived at the cost of my care indicated in question 8 by: \_\_\_ guessing \_\_\_ asking friends or neighbors currently paying for care \_\_\_ contacting providers who might provide my care \_\_\_ doing an internet search on the costs of care I want \_\_\_ calling facilities \_\_\_ 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.



**YOUR RESOURCES**

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 (Social Security, pensions, annuity payments, IRA payments, interest, rental income, etc.)
  - Assets (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 to help pay for my care:  
 Medicare  Medicaid  Veterans' Benefits  Other: \_\_\_\_\_

**FINAL PLANNING STEPS**

14. I  have  have not made my funeral/cremation/burial plans. I would like to be  buried  cremated.
15. I have the following legal documents that will help my family or friends make decisions when I am unable to do so:
- |  |              |                |
|--|--------------|----------------|
| <input type="checkbox"/> Durable Power of Attorney         | Dated: _____ | Located: _____ |
| <input type="checkbox"/> Health Care Surrogate Designation | Dated: _____ | Located: _____ |
| <input type="checkbox"/> Living Will                       | Dated: _____ | Located: _____ |
| <input type="checkbox"/> Trust                             | Dated: _____ | Located: _____ |
| <input type="checkbox"/> 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 indicated in question 15 are located.
17. I will have my long-term care planning done by: \_\_\_\_\_

Once you have answered these questions, contact your elder law attorney to have the legal documents created and executed that will put your plan in place.