

ASSET PROTECTION WORKSHEET



Free Personal Analysis to Discover Asset Protection and VA/Medicaid Benefits You May be Eligible For
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Date: _____ Phone _____ Email Address _____
 Name _____ DOB _____ Spouse (if applicable) _____ DOB _____
 Address _____

Veteran No Yes (Over) **Who** You Spouse Both **Dates of Service:** _____ Honorable Discharge Yes No

Current Information

You Yes No **Spouse** NA Yes No
 Trust Planning Yes No Revocable Irrevocable Date: _____
 Long-Term Care Insurance Yes No Yes No Yes No Daily Benefit: \$ _____ Term: _____ (yrs)
 In a Nursing Home? Yes No Yes No Mo. Cost: \$ _____ Unpaid Balance: _____

Your Health

You - Current Health Good Concern Problem (Details) _____
Spouse - Current Health Good Concern Problem (Details) _____

Have You Given Away Any Assets in The Last 60 Months? No Yes Total \$ _____ Date _____

You Yes No **Spouse** NA Same
 Do You Have Children: Yes How Many? _____ No Yes How Many? _____ No
 Do Any Live With You: Yes How Many? _____ No Yes No
 Any Children Disabled: Yes No Yes No

MONTHLY INCOME – (Pension, Soc. Sec, Etc.)	YOU \$ _____	SPOUSE \$ _____	TOTAL \$ _____
ASSETS (CURRENT VALUE)	YOU OR JOINT NAME	IN SPOUSE NAME	TOTAL
Cash, Checking, Savings, CD's, Money Market, etc.	\$ _____	\$ _____	\$ _____
Brokerage Accounts/Stocks, etc.	\$ _____	\$ _____	\$ _____
"Qualified" (IRA, 401K, etc.) Accounts	\$ _____	\$ _____	\$ _____
Life Insurance			
Cash Surrender Value	\$ _____	\$ _____	\$ _____
Death Benefit	\$ _____	\$ _____	\$ _____
Annuities (Current Value)	\$ _____	\$ _____	\$ _____
Home (Fair Market Value)	\$ _____	\$ _____	\$ _____
Other Assets _____	\$ _____	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____	\$ _____

LIABILITIES/DEBTS	YOU OR JOINT	SPOUSE	TOTAL
Total Mortgage(s)/Other Debts & Liabilities	\$ _____	\$ _____	\$ _____

MONTHLY LIVING EXPENSES	YOU OR JOINT	SPOUSE	TOTAL
How much you spend each month to live	\$ _____	\$ _____	\$ _____
How much you spend each month on medical needs	\$ _____	\$ _____	\$ _____

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Veteran Eligibility: Name: _____

ELIGIBILITY:

1. Is the person a veteran or surviving spouse of a veteran? Yes No
2. Did the veteran serve for at least 90 days active duty and one day during war time? (12/7/1941-12/31/1946; 6/27/1950-1/31/1955; 7/5/1964-5/7/1975 (2/28/1961 if they physically served in Vietnam); 8/2/1990- TBD) Yes No
3. Did they receive discharge under honorable, general, or medical discharge? Yes No
4. Is Veteran/Spouse under 65 and unable to work due to disability or over 65? Yes No
5. Homebound? Yes No
6. Any of the Following: Blind, in Nursing Home, requires help dressing, bathing, or protective environment? Yes No

INCOME:	MONTHLY	
	(1) Veteran	(2) Spouse
Social Security		
Pension		
Other		
TOTAL		

ASSETS	(1) Veteran	(2) Spouse
Cash / Savings		
Investments/Brokerage		
Retirement		
Life Insurance		
• Face	\$	\$
• Cash	\$	\$
• Death Benefit	\$	\$
Home		
Other Real Estate		
Automobiles		
IRA Cash		
Annuity		
Business Interests		
Savings Bonds		

MEDICAL EXPENSES:	MONTHLY	
	(1) Veteran	(2) Spouse
Assisted Living		
Nursing Home		
In Home Care		
Day Programs		
Medications		
Co-Pays for Medicaid		
Medicare Supplements Part B/D		
Hygienic Supplies		
Health Insurance Premiums		
Long Term Care Premiums		
Expected Devices / Equipment		
Co-Pays		
Other		

Describe Medical / Mobility Issues:

Any Special Needs or Concerns:
