

Applicant A		Applicant B	
<i>DOB</i>	<i>DOB</i>	<i>DOB</i>	<i>DOB</i>
<i>Address</i>		<i>Phone</i>	
<i>Address</i>		<i>E-mail</i>	
Personal Experience			
Health		Health	
<i>Health Plan:</i>		<i>Health Plan:</i>	
Family History		Family History	
Father _____		Father _____	
Mother _____		Mother _____	
Siblings _____		Siblings _____	
Alzheimer's/Dementia	Stroke	Heart Disease	Cancer
Arthritis	Parkinson's	High Blood Pressure	COPD/Emphysema
		Diabetes	
		LONGEVITY	
Needs & Concerns			
Quality Care	Live Independently	Keep Control of Life	Protect Assets
Aversion to Welfare	No Children	Burden on Family	
Children			
<u>Name</u>	<u>Age</u>	<u>Marital Status</u>	<u>Grandchildren</u>
<u>Resides</u>	<u>Occupation</u>		

Legal			
Will	Trust	Power of Attorney for Finances	Power of Attorney for Health
Financial		Financial	
Employment _____		Employment _____	
Income _____		Income _____	
Social Security Income _____		Social Security Income _____	
Pension(s) _____		Pension(s) _____	
Other Income _____		Other Income _____	
Qualified Funds _____ Non-qualified Funds _____		Qualified Funds _____ Non-qualified Funds _____	
Stocks & Bonds _____		Stocks & Bonds _____	
Investment property _____		Investment property _____	