



Name: _____

Spouse Name: _____

Date of last review: _____

Use the information from all the Toolkits to complete this summary page.

1. Have you taken a fall prevention class? Y/N Date of Class _____
2. Do you understand the Medicaid five-year look back on your money? Y/N
 - How much Assets/Money can Medicaid take from you? _____
 - How much monthly income can Medicaid take from you? _____
 - Last time updated Toolkit 1 Financial Inventory _____
3. Legal: Are all your legal documents in order? Y/N
 - Last time legal documents updated _____
 - Will your legal planning avoid your retirement money and income going to a long-term care and Medicaid event? Y/N
 - Lawyer's name, phone number, email address:

4. Beneficiaries: Are all your beneficiaries up to date? Y/N
 - Last time beneficiaries reviewed and updated _____
 - Will your beneficiaries avoid their money going to Medicaid? Y/N
 - Location of paperwork _____
 - Is all beneficiaries paperwork in your folder? Y/N
5. Do you understand the consequences of self-insuring? Y/N
 - What is your total amount of self-insuring consequences on all of your assets? _____
 - Projected cost of care for yourself _____
 - Projected cost of care for your spouse _____
 - Is your life insurance and annuities protected from a Medicaid event? Y/N
 - Will your spouse be impoverished? Y/N
6. Do you have traditional Long-term Care Insurance? Y/N
 - Are copies of summary of your long-term care or non-LTC insurance in your folder? Y/N
7. Give an overview of your Retirement, Long-Term Care & Medicaid planning matrix:

8. Is a copy of Retirement and Long-Term Care plan in this folder? Y/N
9. If additional information is needed, list it below:

