Montgomery & Associates, Inc. DBA: ALTCS Planning PO Box 458 Mesa, AZ 85211-0458
P: 480-464-4968 P: 877-482-8878 F: 480-969-9779

INITIAL INTAKE PLANNING QUESTIONNAIRE		**Type of case: ALTCS IOT VA LD MIB LTCI S CS**			
Date of consultation:		**Start time:**		**Consultant:**	

CUSTOMER	**SPOUSE**
Customer at initial? **Y N**	Spouse at initial? **Y N**
Customer's full name:	Spouse's full name:
Living arrangement: Home Hospital ALH ALF AFCH SNF	Living arrangement: Home Hospital ALH ALF AFCH SNF
Name of Facility: **Or N/A** Contracted with ALTCS? **Y N N/A** **Which ALTCS PCs?**	Name of Facility: **Or N/A** Contracted with ALTCS? **Y N N/A** **Which ALTCS PCs?**
Full Address:	Full Address:
City, ST, Zip:	City, ST, Zip:
Prior County: Fiscal County:	County:
Best Contact Number:	Best Contact Number:
Type of phone: Home Mobile Work	Type of phone: Home Mobile Work
E-mail address:	E-mail address:
AGE: DOB: SSN:	AGE: DOB: SSN:
US Citizen OR Qualified Alien Place of Birth:	US Citizen OR Qualified Alien Place of Birth:
Gender: Ethnicity: M F O	Gender: Ethnicity: M F O
Y N Arizona Resident IF NO, which state?	**Y N** Arizona Resident IF NO, which state?
Marital Status:	Date of Marriage:
Y N N/A If married, can customer prove marriage?	**Y N N/A** Will this be a community spouse case?

Family Contact Full Name: DOB or AGE:	**Family Contact Full Name: DOB or AGE:**
Relationship:	Relationship:
Full Address:	Full Address:
City, ST, Zip:	City, ST, Zip:
Best Contact Number:	Best Contact Number:
Type of phone: Home Mobile Work	Type of phone: Home Mobile Work
E-mail address:	E-mail address:

Montgomery & Associates, Inc. DBA: ALTCS Planning PO Box 458 Mesa, AZ 85211-0458
P: 480-464-4968 P: 877-482-8878 F: 480-969-9779

LIST THE PRINCIPAL'S CHILDREN NAMES AND DATES OF BIRTH		**LIST THE SPOUSE PRINCIPAL'S CHILDREN NAMES AND DATES OF BIRTH**	
All children listed below are from this relationship?		☐ Yes ☐ No ☐ N/A	
Full Name	DOB	Full Name:	DOB
Grandchildren:		Grandchildren:	
Full Name	DOB	Full Name:	DOB
Grandchildren:		Grandchildren:	
Full Name	DOB	Full Name:	DOB
Grandchildren:		Grandchildren:	
Full Name	DOB	Full Name:	DOB
Grandchildren:		Grandchildren:	
Full Name	DOB	Full Name:	DOB
Grandchildren:		Grandchildren:	
Full Name	DOB	Full Name:	DOB
Grandchildren:		Grandchildren:	

Customer's living arrangement for the past five years (work backwards chronologically):
If CS case, 30 consecutive days of institutionalization since 09/30/1989? **Y N**
FCPI (list date): _____

Begin Date	End Date	Resided at …	Name of Provider	Services Received
		Home Hospital ALH ALF AFCH SNF		
		Home Hospital ALH ALF AFCH SNF		
		Home Hospital ALH ALF AFCH SNF		
		Home Hospital ALH ALF AFCH SNF		
		Home Hospital ALH ALF AFCH SNF		
		Home Hospital ALH ALF AFCH SNF		
		Home Hospital ALH ALF AFCH SNF		
		Home Hospital ALH ALF AFCH SNF		

Y N In approvable setting? **Y N** Educated about approvable settings?

Y N Did customer move in the past five (5) years?
Y N N/A If yes, did customer own any of the properties at which he/she resided? If yes to property ownership, status of property: Still own Sold Sale Pending Rental

Y N Has the Customer or Spouse had an injury where someone else may be responsible for his/her medical bills?

Y N Has the Customer or Spouse ever met with an estate planner or elder law attorney? Firm:

Y N Has the Customer or Spouse ever applied or received public assistance before?

Y N Do/Does the Customer or Spouse have children with other legal matters pending?

Y N Do/Does the Customer or Spouse have any children under the age of 21, or any children of any age who have been determined blind, disabled, or SMI?

Montgomery & Associates, Inc. DBA: ALTCS Planning PO Box 458 Mesa, AZ 85211-0458
P: 480-464-4968 P: 877-482-8878 F: 480-969-9779

LEGAL DOCUMENTS INITIAL CONSULTATION NOTES:

List the name(s) of the person(s) who you want to manage your personal finances, assets, and income while you are alive but cannot do it yourself. OR who do you currently have named?

Principal: **Already have document?** ☐ Yes ☐ No	**Spouse Principal:** **Already have document?** ☐ Yes ☐ No
1	**1**
2	**2**
3	**3**

List the name(s) of the person(s) who you want to manage your medical care, make medical decisions, and look at your medical records while you are alive but cannot do it yourself.

Principal: **Already have document?** ☐ Yes ☐ No	**Spouse Principal:** **Already have document?** ☐ Yes ☐ No
1	**1**
2	**2**
3	**3**

List the name(s) of the person(s) who you want to manage your mental health care, make mental health care decisions, and look at your mental health records while you are alive but cannot do it yourself.

Principal: **Already have document?** ☐ Yes ☐ No	**Spouse Principal:** **Already have document?** ☐ Yes ☐ No
1	**1**
2	**2**
3	**3**

Do you already have a Living Will, End-of-Life care document, DNR, or Oral Feeding Instructions?

Principal:	**Spouse Principal:**
☐ Yes ☐ No	☐ Yes ☐ No

Do you want to be buried or cremated?

Principal:	**Spouse Principal:**
☐ Buried ☐ Cremated	☐ Buried ☐ Cremated

List the name(s) of the person(s) who you want to manage your will and distribution of property upon your death (Personal Representative):

Principal: **Already have document?** ☐ Yes ☐ No	**Spouse Principal:** **Already have document?** ☐ Yes ☐ No
1	**1**
2	**2**
3	**3**

How would you want your estate distributed at your death?

Principal:	**Spouse Principal:**

List the name(s) of the person(s) who you want to manage your trust (Trustee):

Principal: **Already have document?** ☐ Yes ☐ No	**Spouse Principal:** **Already have document?** ☐ Yes ☐ No
1	**1**
2	**2**
3	**3**

Montgomery & Associates, Inc. DBA: ALTCS Planning PO Box 458 Mesa, AZ 85211-0458
P: 480-464-4968 P: 877-482-8878 F: 480-969-9779

Tell me about the customer's (and spouse's) current health insurance coverage? (Check all that apply)

☐ Medicare	☐ Employer-Sponsored or Employer Group	☐ VA benefits ☐ Tricare
☐ Medicare Advantage (MA)	☐ Retiree Sponsored or Retiree Group	☐ Indian Health Services
☐ Medicare Advantage with prescription (MAPD)	☐ Hospital Indemnity	☐ Medicaid
☐ Medicare Supplement (MS)	☐ Cancer ☐ Dread ☐ Stroke	☐ Long Term Care Insurance
☐ Prescription Drug Plan (PDP)	☐ Heart Attack ☐ Dental ☐ Vision	☐ Long Term Care Partnership

Health Insurance Type / Company / Plan Names		Claim #	Premium	Freq	Who is covered?
			$		
			$		
			$		
			$		
			$		
			$		

Y N N/A	Have you been recently diagnosed with a Chronic Illness? ☐ Diabetes ☐ CHF ☐ Arthritis ☐ COPD ☐ CVD	Y N N/A	Have you (spouse) been recently diagnosed with a Chronic Illness? ☐ Diabetes ☐ CHF ☐ Arthritis ☐ COPD ☐ CVD

REST OF PAGE IS FIRM USE ONLY

Is the customer interested in switching plans at this time?

☐ Retiring	☐ Turning age 65	☐ Moving to new service area	☐ $$
☐ Doesn't like plan	☐ Voluntarily leaving plan	☐ Losing plan	☐ Other

Do you have a valid enrollment period (check all that apply)?

☐	ICEP – 7-month window (3 months before, month enrolled in Medicare Part A, 3 months after); same window for different Part B date
☐	IEP - Are you newly eligible to Medicare? Options: just turned 65, on disability for 24 mos, on disability/turned 65 (7 mos–like Medsup)
☐	IEP/GEP - Did you enroll in Part B Jan 1 - Mar 31 during general enrollment? Is the date between April – June?
☐	SEP – Did you lose your Extra Help Subsidy? Is the date between Jan 1 – Mar 31?
☐	AEP – Is the date between Oct 15 – Dec 7?
☐	OEP – Is the date between Jan 1 – Mar 31? Can revert to Original Medicare & pick Rx plan OR switch to another MAPD plan.

SEP – Two-month window from date notified or coverage ends

☐	LEC – Are you leaving employer or group coverage? Effective date:
☐	LCC – Did you recently involuntarily lose your creditable Rx coverage? Effective date:
☐	MOV - Did you move to a new service area?

SEP – Plan contract changes with Medicare (case-by-case basis; 2 mos before/1 month after contract ends)

☐	NON – Is your plan ending its contract with Medicare OR is Medicare ending your plan's contract? Effective date:
☐	NON – Is your plan not renewing for the next contract year? Is the date between Oct 15 – Mar 31?
☐	NON – Did you leave your Medicare Cost Plan and lose Rx coverage? Effective date:

SEP - Other

☐	MDE – Did you become eligible for both Medicare and Medicaid? Can use 1x per quarters 1, 2, 3
☐	NLS – Did you become eligible for Extra Help (LIS)?
☐	MCD – Did you gain, lose, or change Medicaid status?
☐	Do you belong to a pharmacy assistance program provided by your state?
☐	12G – Did you drop a Medigap policy the first time you enrolled in a MAP?
☐	CHR – Have you been recently diagnosed with a Chronic Illness (☐ Diabetes ☐ CHF ☐ Arthritis) or not eligible for CC-SNP
☐	SNP – Have you lost the Special Needs qualification for your SNP? Effective date:
☐	LTC – Have you moved in/out of SNF or ICF, Psych or Rehab Hospital, LTC Hospital, or Swing-bed hospital (NOT ALF)?
☐	DST – Did you miss an enrollment period due to a disaster? Good for four months after disaster.
☐	ERR – Did you join or not join a plan due to a federal employee error?
☐	5ST – 12/8 – 11/30 Medicare plan in area with 5-star overall plan rating

Montgomery & Associates, Inc. DBA: ALTCS Planning PO Box 458 Mesa, AZ 85211-0458
P: 480-464-4968 P: 877-482-8878 F: 480-969-9779

Y N Did the Customer serve in the US military? **Potential Benefit?** ☐

Y N Is the Customer a widow of a Veteran who served in the US military?

If YES, complete the information below . . .

Y N If Customer is a widow, were the Customer and the Veteran **married** at the time of the Veteran's death?

Y N Did the Veteran have at least **90 days of active duty**?

Y N Was the Veteran **honorably discharged**?

Y N Was at least one of those days during a **wartime period**

[(12/07/41-12/31/46 WWII) **&/or** (06/27/50-01/31/55 Korean) **&/or** (02/28/61-08/05/64 in-country military advisor in Vietnam) **&/or** (08/05/64-05/07/75 Vietnam) **&/or** 08/02/90 – present Persian Gulf)]

IF NO TO ANY ONE OF THE LAST FOUR QUESTIONS – NO VA BENEFITS DUE TO CUSTOMER.

Y N Has the customer or spouse (alive or deceased) ever worked for federal, state, city, county, or local government OR for an employer with a pension plan?

What did the customer do for a living? **Potential Benefit?** ☐

For whom did the customer work?
(federal, state, city, county, local government, OR employer with pension plan)

How long did Customer work there?

Y N Have you applied or checked into retirement benefits?

Y N Any Workers Compensation Claims?

What did the customer's spouse do for a living? **Potential Benefit?** ☐

For whom did the spouse work?
(federal, state, city, county, local government, OR employer with pension plan)

How long did Customer's spouse work there?

Y N Have you applied or checked into spousal benefits?

Y N Any Workers Compensation Claims?

Y N Do/Does the Customer and/or Spouse own a TRUST (revocable, living, irrevocable, testamentary, income-only, special needs, etc.) OR are either of them a beneficiary of someone else's trust?

Name of Trust(s): _____

Y N Does this trust have a Comprehensive transfer document? If so, trust must be revoked.

Y N Are there any other assets or income in the trust that were not named on the resource page? Add below.

Other Trust Notes:

Montgomery & Associates, Inc. DBA: ALTCS Planning PO Box 458 Mesa, AZ 85211-0458
P: 480-464-4968 P: 877-482-8878 F: 480-969-9779

How many of each of the following resources do/does the customer and/or spouse own or co-own?
IF CS case, make sure you make notes about the values of assets at that time, too. If yes to CS case, please make sure you ask about resources at FCPI.

Cash on hand	Stocks Bonds Svgs bonds	Annuities	Loan or property	Life estate
Checking accounts	Your money held by others	Retirement accounts	agreements	Livestock Grazing permits
Savings accounts	On kids' or parents' accts	Mutual fund shares	Life insurance	Indian claims
Money market accounts	IRA Keough	Investment accounts	Burial insurance	Business(es) and/or
Credit union accounts	401k 403b 457b	Inheritances	Burial fund	Business Property
Patient fund accounts	PayPal GoFundMe	Notes Contracts	Preneed burial plan	**REAL PROPERTY & VEHICLES BELOW**
Time deposits CDs	CashApp Venmo	Promissory notes	Life ins-funded burial plan	

Who owns?	Type of Asset	Name and Address of Company	Number	Value
	1			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	2			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	3			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	4			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	5			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	6			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	7			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	8			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	9			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	10			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	11			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	12			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	13			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	14			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	15			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				

Montgomery & Associates, Inc. DBA: ALTCS Planning PO Box 458 Mesa, AZ 85211-0458
P: 480-464-4968 P: 877-482-8878 F: 480-969-9779

House Trailer Mobile home Other house(s) Land Buildings Burial plots Vacation property						
Owners	**Type**	**Location**	**Parcel #**	**CMV**	**1st Mtg**	**2nd Mtg**
	1					
☐ Trust owner ☐ Trust beneficiary ☐ Beneficiary Deed ☐ Other named beneficiary/ies & split:						
	2					
☐ Trust owner ☐ Trust beneficiary ☐ Beneficiary Deed ☐ Other named beneficiary/ies & split:						
	3					
☐ Trust owner ☐ Trust beneficiary ☐ Beneficiary Deed ☐ Other named beneficiary/ies & split:						
	4					
☐ Trust owner ☐ Trust beneficiary ☐ Beneficiary Deed ☐ Other named beneficiary/ies & split:						
	5					
☐ Trust owner ☐ Trust beneficiary ☐ Beneficiary Deed ☐ Other named beneficiary/ies & split:						
	6					
☐ Trust owner ☐ Trust beneficiary ☐ Beneficiary Deed ☐ Other named beneficiary/ies & split:						

Automobile Truck Van Camper Golf cart Boat Motorcycle Airplane RV Off-Road Vehicle				
Owners	**Type**	**Year/Make/Model**	**CMV**	**AMOUNT OWED**
	1			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	2			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	3			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	4			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	5			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				
	6			
☐ Trust owner ☐ Trust beneficiary ☐ Other named beneficiary/ies & split:				

DEBTS:				
Owners	**Type**	**Company / To whom indebted**	**Debt amount**	**Expected payoff date**
	1			
	2			
	3			
	4			
	5			

Total Assets Value =	$	Total Debt =	$	Total Counted Assets =	$

Montgomery & Associates, Inc. DBA: ALTCS Planning PO Box 458 Mesa, AZ 85211-0458
P: 480-464-4968 P: 877-482-8878 F: 480-969-9779

Has/Have the Customer and/or Spouse sold, traded, transferred, or given away any assets or income in the past five (5) years or sixty (60) months? Include closed accounts or other assets closed or surrendered in the past five years.

Item transferred	Reason	Transfer date	To whom?	Value at xfer	Value received	
Notes:						
Notes:						
Notes:						
Notes:						
Notes:						
Notes:						
Notes:						

What types of expenses do/does the customer and / or spouse incur? (Circle all that apply)

Type of Expense and/or Who is Paid		Amount	Frequency	
Mortgage, Rent, Space Rent		$		
Homeowner's, Property, or Renter's Insurance		$		
HOA dues		$		
Property taxes		$		
Utilities		$		
Rent or room & board at SNF, ALC, AFCH, ALF		$		
Home and community-based caregiving costs		$		
Deductibles		$		
Co-pays or Co-insurance		$		
Prescriptions		$		
Dental, Vision, Hearing Aides		$		
Debt (to whom and total due)		$		
Debt (to whom and total due)		$		
		$		
		$		
		$		

Montgomery & Associates, Inc. DBA: ALTCS Planning PO Box 458 Mesa, AZ 85211-0458
P: 480-464-4968 P: 877-482-8878 F: 480-969-9779

Does/Do the Customer and/or Spouse receive or expect to receive the following types of income daily, weekly, bi-weekly, monthly, quarterly, semi-annually, or annually?
(Circle all that apply)

Social Security Benefits	Annuities	Mortgage/Sales Contract Income
Supplement Security Income	Child Support	Gifts/Loans/Contributions from others
Public Assistance (TANF, GA, FS, SPP)	Alimony	Land Lease
BIA/Tribal Assistance	Student Grants/Scholarships/Loans	Interest Dividends
Winnings (Lottery, Bingo, Gambling)	Energy Assistance	Royalties from books/songs/inventions
Unemployment Insurance	Vocational Rehabilitation	Industrial/Worker's Compensation
Disability Insurance	Life Insurance Proceeds	Indian Claims/Payments
Veteran's Benefits	Job Training Partnership Act (JTPA)	Foster Care Payments
Military Allowances	Rental Income	Earned Income Self-Employment Income
Railroad Retirement	Income from Roomers/Boarders	Tips/Commissions
Other Retirement pensions	Housing Authority Payments	Other (list): PayPal, Square, eBay, Go Fund Me,
Disability Pensions	Strike Pay	Social Media: TikTok YouTube Instagram etc.

Payment for …	From what source?	Net Amount	Gross Amount	Frequency	
		TOTAL INCOME=	**$**		

Do you file tax returns?	Y N	IOT NEEDED?	Y N	IOT quote given?	Y N N/A

CHECK ELIGIBILITY FOR MSP (circle if eligible) --- QMB SLMB QI-1 LIS

Y N Previous marriages for customer?

Total number of marriages:

Married to Name:

Y N Married for 10+ years?

Married to Name:

Y N Married for 10+ years?

Y N Previous marriages for spouse?

Total number of marriages:

Married to Name:

Y N Married for 10+ years?

Married to Name:

Y N Married for 10+ years?

Montgomery & Associates, Inc. DBA: ALTCS Planning PO Box 458 Mesa, AZ 85211-0458
P: 480-464-4968 P: 877-482-8878 F: 480-969-9779

MEDICAL QUESTIONNAIRE FOR:	++++++++++++++LEVEL OF CARE++++++++++++++		
0 = Independent 1 = Supervision/Occasional Hands-on/Prompting 2 = Hands-on 3 = Total dependence			
Condition or ADL	**Rating (0-3)**	**Weight**	**Score**
Mobility		5	
Transferring		5	
Bathing		5	
Dressing		5	
Grooming		5	
Eating		5	
Toileting		5	
Bowel Continence (☐ pad ☐ diaper)		1	
Bladder Continence		1	
Vision (☐ cataracts ☐ mac degeneration ☐ glaucoma)		2	
Hearing (☐ aides ☐ increase volume)		2	
Knows immediate environment		.5	
Knows place of residence		.5	
Knows city		.5	
Knows state		.5	
Knows day		.5	
Knows month		.5	
Knows year		.5	
Knows time of day		.5	
Wandering (double weight if intervention required☐)		1.5	
Self-injurious behavior (double weight if intervention required☐)		1.5	
Aggression (double weight if intervention required☐)		1.5	
Resistive to care (double weight if intervention required☐)		1.5	
Disruptive behavior(double weight if intervention required☐)		1.5	
Moderate or Severe Alzheimer's Disease/Obs/Dementia diagnosis		20	
Paralysis		6.5	
Oxygen		5	

List all medical conditions:

- ☐ PARKINSONS
- ☐ BRAIN DISORDER
- ☐ COPD
- ☐ EMPHYSEMA
- ☐ ARTHRITIS
- ☐ OSTEOPEROSIS
- ☐ CHROHN'S DISEASE
- ☐ POLIO
- ☐ SEIZURES
- ☐ AMPUTEE (UE / LE)
- ☐ PACEMAKER
- ☐ STROKE
- ☐ HEART ATTACK / MI
- ☐ HYPERTENSION
- ☐ ANGINA
- ☐ BY-PASS
- ☐ DIABETES
- ☐ CANCER
- ☐ HIV
- ☐ CP / ☐ AUTISM / ☐ MR
- ☐ HEAD TRAUMA
- ☐ HERNIA
- ☐ MENTAL ILLNESS DIAGNOSES
- ☐ DECLINING LAST 6MO.
- ☐ DEPRESSION
- ☐ SUICIDAL
- ☐ MEDICATION MANAGEMENT
- ☐ FALLS IN PAST 6 MONTHS
- ☐ HOSPITALIZATION IN PAST 6 MONTHS
- ☐ ON HOSPICE (NAME:_____)
- ☐ OTHER (LIST):

TOTAL	

☐ VA ELIGIBLE	☐ VA BORDERLINE	☐ VA NOT ELIGIBLE
☐ ALTCS ELIGIBLE	☐ ALTCS BORDERLINE	☐ ALTCS NOT ELIGIBLE

NOTES: