

## SHORT TERM CARE QUESTIONNAIRE

The following questions are asked only to help us better understand your family history and concerns that you may have in the event you need recovery care, allowing us to make an educated recommendation.

1. In the event you need care would you **want to receive** it at home, assisted living or a nursing home?  
Explain \_\_\_\_\_
2. Has a family member **ever received** home care, adult day care, assisted living or nursing home care? Please describe **where and what type of care** they received? \_\_\_\_\_
3. Have you ever had to **care** for a loved one **or put them** into a nursing home? Who and how did you feel? \_\_\_\_\_
4. Would you want your spouse and children to be the **care manager** or have them be **the care giver**? \_\_\_\_\_
5. Is your spouse or children in a position to **quit their job** so they can provide 12 to 24 hour care? \_\_\_\_\_
6. If you were to slip and fall, have a mild stroke, heart attack or battle cancer, **who** would take care of you? Describe how that might **impact their life**? \_\_\_\_\_
7. Is your spouse or children **physically able** to lift you out of the bath tub or bed or have medical training? \_\_\_\_\_
8. With assisted living costing around \$3400 and Nursing homes costing around \$5500 per month. Which of your **assets would you use first** and how many months/years would it take before you had **depleted them all**? \_\_\_\_\_
9. Do you understand what Medicare, Medicare supplements and Medicare Advantage plans **cover and do not cover** for short term and Long Term Care? (**see important note below for explanation**) \_\_\_\_\_
10. Were you aware if you needed care and **had NO plan in place** you would have to **spend down all of your assets** first and then a lean would be placed on your home and assets if Medicaid were to have to pay? \_\_\_\_\_
11. Describe a plan that you would like to **have in place** that would give you peace of mind in the **event you needed** home care, assisted living or nursing home care? \_\_\_\_\_
12. Now I have a better understanding about your recovery care concerns, lets discuss my recommendation and how it will allow your loved ones to **be the care managers and not the care givers**? \_\_\_\_\_

\*\*\* **IMPORTANT NOTE for #9:** Medicare & Medicare Supplements only cover **Skilled Nursing** for up to 100 days if a Doctor certifies the need. An example would be receiving intravenous injection or daily physical therapy. **Long Term Care & Custodial care ARE NOT** covered, for example hip replacement or intermediate care. Page 39 of the "Medicare & You Book" also explains there must be 4 requirements met to be covered under Medicare. 1- Must stay 3 consecutive overnight stays in a hospital room. 2- Must be admitted into **Skilled care only**. 3- Must be showing signs of improvement, which is difficult for stroke victims after 2 or 3 weeks a lot of times they become stable and therefore coverage stops. 4- Staying in the hospital for observation does not count as a qualifier.

\*\*\* **National Average Only Cost, May differ by State:** Home care- \$20 per hour / Adult Day Care- \$65 per day  
Assisted Living- \$ 3,300 per month / Nursing home- \$ 6,000 per month / Hospice- \$4,500 per month

### Choose the Peace of Mind Plan that best fits your needs.

#### Peace of Mind- Bronze

**\$100 Daily Benefit x 12 months**

\*Day 1 coverage

5 hr - 1 Year Home Care

100% - 1 Year Adult Day Care

100% - 1 Year Assisted Living-shared

50% - 1 Year Nursing Home Care

75% - 1 Year of Hospice

\$\_\_\_\_\_ Monthly Premium

#### Peace of Mind- Silver

**\$150 Daily Benefit x 12 months**

\*Day 1 coverage

7.5 hr - 1 Year Home Care

100% - 1 Year of Adult Day Care

100% - 1 Years Assisted Living-shared

75% - 1 Year Nursing Home Care

100% - 1 Year of Hospice

\$\_\_\_\_\_ Monthly Premium

#### Peace of Mind- Gold

**\$200 Daily Benefit x 12 months**

\*Day 1 coverage

10 hr - 1 Year Home Care

100% - 1 Year of Adult Day Care

100% - 1 Year Assisted Living-own room

100% - 1 Year Nursing Home Care

100% - 1 Year of Hospice

\$\_\_\_\_\_ Monthly Premium

Contact Us at **630-426-9714**

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Agent name: \_\_\_\_\_