



Creating Your Written Plan of Care

Date: _____ Client: _____

Financial Professional: _____

What experience, if any, have you had with any family or friends needing care?

Do you believe that you could live to 80, 90, or even longer? Yes No
If no, please explain: _____

You might never require care, but if you did:
How would providing care affect your family **emotionally**?

How would providing care affect your family **physically**?

How would paying for professional help affect your family **financially**?

PLAN OF CARE	FUNDING THE PLAN
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Where would you want to receive care?

- Home
- Assisted Living Facility
- Nursing Home Facility
- Other _____

Who would you want to physically provide the care?

- Spouse
- Children
- Professional Caregiver
- Other _____

Who would you want to coordinate the care?

- Spouse
- Children
- Professional Care Coordination Service
- Other _____

How will you financially pay for the care?

- Personal Assets & Income (Self-Pay)
- Long Term Care Insurance
- Other _____

What other planning have you done?

- Living Will
- Health Care Directive
- Power of Attorney
- Trust
- Other _____



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