

Creating Your Written Care Plan

Your Name _____ Date _____

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

Do you believe that you could live to your 80's, 90's or even longer? __ Yes __ No

You might never require care, but if you did:

How would providing care affect your family emotionally? _____

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
- Other

Who would you want to coordinate the care?

- Spouse
- Children
- Professional Caregiver
- Other

How will you financially pay for the care?

- Personal Assets And Income
- Long-Term Care Insurance
- Other

What other planning have you done?

- Living Will
- Health Care Directive
- Power Of Attorney
- Trust
- Other

Long-Term Care Solutions
To Protect Your Family & Finances



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