



Creating Your Written Plan of Care

Date : _____

Financial Professional: _____

Client: _____

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

Do you believe that you could live into your 80's, 90's 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

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 _____

877-309-3364

Info@SmarterRetirementSolutions.com
601 South Harbour Island Blvd. Suite 109 Tampa, FL 33602
SmarterRetirementSolutions.com