Right at Home®
In Home Care & Assistance

The Right Care, Right at Home.®

RightConversations℠ Information Journal

The **RightConversations Information Journal** is designed to assist you in gathering the important information that you will need as you prepare to care for your loved one. This information will likely be needed as you continue to provide care for your loved one.

My Personal, Insurance & Financial Information:

Personal Information:

Name:

Social Security Number:

Date of Birth:

Place of Birth: *(City, State, Country)*

Insurance Information:

Medicare Number:

Medicaid Number:

Life & Health Insurance Company:

Policy Number:

Group Number:

Insurance Representative's Name:

Email Address:

Phone Number: ( )

Auto Insurance Company:

Policy Number:

Car Model:

Year:

Insurance Representative's Name:

Email Address:

Phone Number: ( )

Financial Information:

Primary Bank Account *(Bank's Name)*:

Account Number:

Phone Number: ( )

Savings Account Name:

Account Number:

Phone Number: ( )

My Important Paperwork:

Please check all that apply.

- ☐ Living Will
- ☐ Marriage Certificate
- ☐ Military Papers
- ☐ Insurance Policies
- ☐ List of Personal Assets
- ☐ Tax Returns
- ☐ Birth Certificate
- ☐ Trusts

These documents can be found in the following location(s):

The following people/person have/has access to this information:

My Personal & Family Information:

I served in the military: ☐ Yes ☐ No

If yes, my service dates were from _____ to _____

Mother's maiden name:

Mother's place of birth:

Father's name:

Father's place of birth:

I was married on:

Place we were married:

My husband/wife's name:

Number of children we have:

Our children's names are:

My Medical Wishes:

Would you like to have any of the following if, for some reason, you are not verbally able to state your wishes? The following information will be used to make medical decisions in accordance with your wishes.

CPR: Attempt to restart the heart. Mouth-to-mouth resuscitation may be necessary to restart the heart.
☐ Yes ☐ No

Hospitalization: Transfer from a long-term care facility to a hospital if you needed additional care.
☐ Yes ☐ No

Feeding Tube: If you were no longer able to swallow, a feeding tube may be placed on a temporary or long-term basis to provide you with life-sustaining nourishment.
☐ Yes ☐ No

Life-Sustaining Procedures: This would include a ventilator that would breathe for you or other life-prolonging equipment and procedures.
☐ Yes ☐ No

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Financial Snapshot for Future Planning:

Monthly Income:

Cash on Hand:	$.
Monthly VA Benefits:	$.
Monthly Social Security:	$.
Monthly Pension:	$.
Annuities:	$.
Other:	$.
Total Monthly Income:	**$.**

Medication Information & Expenses:

Medication Name:	Medication Used for:
Monthly Medication Cost:	$.
Medication Name:	Medication Used for:
Monthly Medication Cost:	$.
Medication Name:	Medication Used for:
Monthly Medication Cost:	$.
Medication Name:	Medication Used for:
Monthly Medication Cost:	$.
Medication Name:	Medication Used for:
Monthly Medication Cost:	$.
Total Monthly Medication Expenses:	**$.**
	× 12 months
Yearly Medication Expenses:	**$.**
Subtract medication assistance or prescription medication insurance:	$.
Total Yearly Medication Expenses:	**$.**

Direct-Care Costs:

These fees may be hourly, weekly or monthly, related to the direct care a loved one receives. List the total cost without subtracting, at this point, any reimbursed services.

Case Manager's Name:

Phone Number: ( )

Email Address:

Monthly Care Manager–related Fees or Contribution:	$.
Total Monthly Direct-Care Expenses:	**$.**

Consumable Supplies:

Items that must be purchased monthly for care such as medical supplies, incontinent briefs, supplemental meals, etc.

Item:	**Monthly Cost:**
	$.
	$.
	$.
	$.
Total Monthly Consumable Expenses:	**$.**

Other Monthly Expenses:

Mortgage/Rent:	$.
Utilities:	$.
Supplemental Insurance Premium:	$.
Groceries/Meals:	$.
Clothing:	$.
Transportation:	$.
Total Other Monthly Expenses:	**$.**

Available Monthly Income:

Total Monthly Income:		$.
Total Monthly Expenses:	-	$.
Available Monthly Income:	=	**$.**