



RCHRISTIAN FINANCIAL CONSULTANTS, LLC
"THE CLIENTS FIDUCIARY"

ESSENTIALS FOR SELF-FUNDING A LONG-TERM CARE PLAN

The **choice** of Self-Funding your future Long-Term Care (LTC) needs is significant, and that decision cannot be considered viable **planning** until various steps are taken. The first step is to understand the risk you are assuming by quantifying and documenting your projected cost of care with a [HALO Assessment](#).

HALO ASSESSMENT: PROJECTED CARE NEEDS					
Client Name	Extended Care Years	Care Breakdown by Years			Current Estimated Cost
		<i>Home Care</i>	<i>Assisted Living</i>	<i>Nursing Home</i>	
#1 _____					\$ _____
#2 _____					\$ _____

The next step in implementing a **plan** for self-funding your future LTC needs is to have a legal framework to avoid “crisis planning” should you be incapacitated or incapable of making decisions when care is needed.

- 1) The executed legal documents already to support this planning include:
 - Durable Power of Attorney (DPOA) Advanced Health Care Directives Revocable Trust – Dated: _____
 - Will – Dated: _____ Asset Protection Trust Other: _____
- 2) Who is the agent specified in your DPOA in the event of your incapacitation? _____
- 3) Has the DPOA-specified agent formally accepted the role in the event of your incapacitation? _____

Finally, in the event of your incapacitation, and with a legal framework, Self-Funding future LTC needs would require an orderly liquidation of specific or allocated accounts to pay for care when needed.

ASSET TYPE	SPECIFIC ACCOUNT NAME OR LOCATION	CURRENT VALUE	AMOUNT AVAILABLE TO PAY FOR CARE
Taxable Accounts:		\$ _____	\$ _____
Retirement Accounts:		\$ _____	\$ _____
Excess Cash Flow from Income		\$ _____	\$ _____
Life Insurance Cash Values		\$ _____	\$ _____
Annuity Cash Values		\$ _____	\$ _____
Home Equity / Reverse Mortgage		\$ _____	\$ _____

Total Currently Available to Pay for Care: \$ _____

We have completed the necessary steps and elect to assume responsibility for self-funding the cost of care excluded by Medicare or Health Insurance, even though this decision could adversely affect us, our family, and our financial planning. Our advisor has recommended other options which we do not wish to pursue.

Client Name: _____ Signature _____ Date _____

 _____ Signature _____ Date _____

Advisor: _____ Signature _____ Date _____