

BENEFITS CHECK UP

A service of The National Council on the Aging

This **Benefits Check Up** is a free on-line service located on the Internet at <http://www.benefitscheckup.org/>

Bridge Builders is aware that many seniors do not use computers or have very limited use of computers. For this reason, **Bridge Builders** is providing this service at no cost. The questions on this form are directly from the website unless otherwise indicated.

Bridge Builders needs the following information in order to contact you regarding the result of this **Benefits Check Up**:

Name _____ Phone _____
Address _____ City _____ Zip _____

Benefits Check Up questions:

Male Female Month of birth _____ Year of birth _____

What is your citizen/immigration status?

Citizen Legal Resident Other qualified Alien Other

Marital Status: Married Divorced Single Widowed

Are you a U.S. Veteran? Yes No

Have you been diagnosed with Alzheimer's disease or a related disorder? Yes No

Are you chronically ill or do you have a disability that seriously limits your ability to work or take care of yourself? Yes No

Are you legally blind? Yes No

Are you either frail and elderly or over 18 and functionally impaired? Yes No

Are you dependent on family members or others for care? Yes No

Do you have a family member who is either frail and elderly or over 18 and functionally impaired? Yes No

In what type of housing do you live?

Own home Rent dwelling
 Own mobile home Boarding home
 Live with others Nursing Facility
 Assisted Living

Including yourself, how many people are living in your household who help pay for household expenses? _____

Including yourself, how many people in your household are:

60 years or older _____ Disabled _____

Do you or your spouse (if applicable) pay your own gas/electric bill, either directly or included with the rent? Yes No

Please check if any of the following are your current or former employers:

- State, Local, or County Government
- Federal Government (other than military service)
- Railroad
- None of the above

What is your current work status:

- Employed
- Not working
- Retired
- Semi-retired

Please select any programs that may be of interest to you. If the selected programs are offered in the Sequim area, information will be provided in this report.

- Adult Protective Services
- Alzheimer's Programs
- Assistive Technology Programs
- Education Programs
- Employment Programs
- Legal Assistance programs
- Low Income Housing Programs
- Medicare Insurance Counseling
- Programs for the Hearing Impaired
- Programs for the Visually Impaired
- Transportation Programs
- Volunteer Programs (To Serve as a Volunteer)

What is your household's monthly, out of pocket, costs to care for dependents so that any household member can go to work, training, or school? If there are no dependent care costs, please enter 0. _____

What is your household's monthly, out of pocket, costs for heating fuel, gas, electricity, water, telephone, and rent or mortgage payments? _____

Do you currently have prescription drug insurance or some other insurance program that pays for prescription drugs? Yes No

How much money do you spend each month, out of your own pocket, on medical expenses? Include healthcare expenses that are not covered by health insurance. For example: doctor's fees, co-payments, transportation to doctor's visits, home health attendant's fees, cost of medical equipment and prescription drugs, health insurance premiums and annual deductibles, and nursing home expenses. _____

Are you currently receiving benefits from any of the following programs? Check all that apply.

- Social Security
- Medicare
- Medicaid
- Food Stamps
- Supplemental Security Income
- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Social Security Disability (received for less than 2 years)
- Social Security Disability (received for 2 years or more)
- Low Income Home Energy Assistance program (LIHEAP)
- Unemployment Insurance
- Homemaker Services
- Railroad Retirement (received for less than 2 years)
- Railroad Retirement (received for 2 years or more)

Are you interested in participating in a volunteer program that would require you to spend up to two years in a foreign country? Yes No

Are you a retired business professional who is interested in volunteering to help others develop businesses? Yes No

Please check if any of the following are your spouse's (for former spouse's, if applicable) current or former employers.

- State, Local, or County Government
- Federal Government (other than military service)
- Railroad
- None of the above

Has your spouse (or former spouse, if applicable) paid Social Security or FICA taxes as an employee or self-employed individual? Keep in mind that if he/she is currently working, Social Security or FICA taxes are probably being paid now. Yes No

Income and asset levels are often a factor in determining eligibility for public benefits programs. Accordingly, it is important that you answer the following financial questions.

Do you estimate that your monthly income, before taxes and other deductions are taken out, is less than or equal to \$4,500? (Include income from all sources such as:

Social Security, pensions, employment, cash assistance programs, etc.) Include spouse income, if spouse is living with you.

- Income **less than or equal to** \$4,500 per month
- Income **greater than** \$4,500 per month

Do you estimate that the value of your assets, *excluding your home and car*, is less than or equal to \$100,000? (Include assets such as: cash, bank accounts, stocks, bonds, CDs, other real estate, etc. If you have more than one car, do not include the most valuable car.) Include spouse assets, if spouse is living with you.

- Assets **less than or equal to** \$100,000
- Assets **greater than** \$100,000

We want to make sure that every child has adequate health insurance. Do you know of any children, age 18 or younger, who do not have health insurance coverage?

- Yes
- No

Asset Questions: Please enter the assets for the person for whom this questionnaire is being completed in the “Client” column. Enter the assets owned separately by the “Client’s” spouse in the “Spouse” column. If asset are owned jointly in both names, enter it in the “Joint” column. Enter assets of any others living in the household in the “Household” column. Please estimate or guess if exact asset numbers are not readily available. It is not necessary to fill in all boxes for the questionnaire to work. Don’t worry if all answers are not known, just fill in the information available now.

Types of Assets:	Client	Spouse	Joint	Household
Cash/Cash Equivalent	_____	_____	_____	_____
Automobile: Vehicle 1	_____	_____	_____	_____
Automobile: Vehicle 2	_____	_____	_____	_____
Value of Home	_____	_____	_____	_____
Retirement Accounts	_____	_____	_____	_____
Investment Accounts	_____	_____	_____	_____
Life Insurance: Cash Value	_____	_____	_____	_____
Life Insurance: Face Value	_____	_____	_____	_____
Burial Accounts: Revocable	_____	_____	_____	_____
Burial Accounts: Irrevocable	_____	_____	_____	_____
Other Assets	_____	_____	_____	_____

Income Questions:

Types of Monthly Income:	Client	Spouse	Joint	Household
Pension/Retirement Benefits	_____	_____	_____	_____
Dividends/Interest	_____	_____	_____	_____
Supplemental Security Income	_____	_____	_____	_____

Social Security Disability	_____	_____	_____	_____
Social Security Retirement/ Survivor Benefits	_____	_____	_____	_____
Railroad Retirement Benefits	_____	_____	_____	_____
Veteran's Benefits	_____	_____	_____	_____
Worker's Compensation	_____	_____	_____	_____
TANF	_____	_____	_____	_____
Cash Assistance	_____	_____	_____	_____
Other Non-Work Income	_____	_____	_____	_____
Work Income	_____	_____	_____	_____

OPTIONAL QUESTION

What is your race or ethnic origin?

- White
- African-American
- Asian or Pacific Islander
- American Indian or Native Alaskan
- Hispanic
- Other _____

You're finished!

Bridge Builders will contact you when they have the results of this questionnaire. We will supply you with all information that this website furnishes. If you would like **Bridge Builders** to assist you in pursuing any benefits, please let us know.

I give Bridge Builders, Ltd. permission to use the above information to run the Benefits Check Up and provide me with a report. Bridge Builders, Ltd. will not use this information for any other purpose without my written permission.

Signed: _____ **Date** _____

Please send to:

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