

Client basic details – Quote Provided

Client details	Client 1	Client 2
Marital status	<input type="checkbox"/> single <input type="checkbox"/> widow	<input type="checkbox"/> married <input type="checkbox"/> de-facto
First name		
Last name		
Location		
Date of birth		
Gender	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female
Health	<input type="checkbox"/> poor <input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> excellent	<input type="checkbox"/> poor <input type="checkbox"/> good <input type="checkbox"/> average <input type="checkbox"/> excellent
Dementia	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
ACAT / ACAS assessment	<input type="checkbox"/> residential <input type="checkbox"/> in process <input type="checkbox"/> respite <input type="checkbox"/> n/a <input type="checkbox"/> home care	<input type="checkbox"/> residential <input type="checkbox"/> in process <input type="checkbox"/> respite <input type="checkbox"/> n/a <input type="checkbox"/> home care
Current location	<input type="checkbox"/> home <input type="checkbox"/> respite <input type="checkbox"/> hospital <input type="checkbox"/> other <input type="checkbox"/> facility	<input type="checkbox"/> home <input type="checkbox"/> respite <input type="checkbox"/> hospital <input type="checkbox"/> other <input type="checkbox"/> facility

Care / service provider details

	Client 1	Client 2
Care recipient (resident) type	<input type="checkbox"/> new <input type="checkbox"/> existing <input type="checkbox"/> staying at home	<input type="checkbox"/> new <input type="checkbox"/> existing <input type="checkbox"/> staying at home
Type of care	<input type="checkbox"/> home care <input type="checkbox"/> residential	<input type="checkbox"/> home care <input type="checkbox"/> residential

Care Required

	Client 1	Client 2
Type of care	<input type="checkbox"/> low care <input type="checkbox"/> home care <input type="checkbox"/> high care	<input type="checkbox"/> low care <input type="checkbox"/> home care <input type="checkbox"/> high care

Centrelink / DVA details

	Client 1	Client 2
Centrelink payments	<input type="checkbox"/> None (self-funded) n/a	<input type="checkbox"/> None (self-funded) n/a
	<input type="checkbox"/> Age pension	<input type="checkbox"/> Age pension
	<input type="checkbox"/> Disability pension	<input type="checkbox"/> Disability pension
	<input type="checkbox"/> Other	<input type="checkbox"/> Other
DVA payments	<input type="checkbox"/> Service pension	<input type="checkbox"/> Service pension
	<input type="checkbox"/> Disability pension	<input type="checkbox"/> Disability pension
	<input type="checkbox"/> War widow	<input type="checkbox"/> War widow
	<input type="checkbox"/> ISS	<input type="checkbox"/> ISS
	<input type="checkbox"/> Other	<input type="checkbox"/> Other

ROLANDA ADAMS FINANCIAL SERVICES - 1300 352 470

Blind pensioner	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Overseas pensioner	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
DVA clients only	Client 1		Client 2	
Qualifying service*	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Gold card	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Ex-prisoner of war	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no

Home details

Home details	
Do you own your home?	<input type="checkbox"/> yes - own home <input type="checkbox"/> granny flat right <input type="checkbox"/> yes - retirement village unit <input type="checkbox"/> no
Will another person continue to live in the home?	<input type="checkbox"/> yes - spouse <input type="checkbox"/> yes - close relative who has lived there more than 5 years <input type="checkbox"/> yes - other <input type="checkbox"/> no
Does that person receive an income support payment from Centrelink or DVA?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is your preference for the home to...	<input type="checkbox"/> keep vacant <input type="checkbox"/> keep and rent <input type="checkbox"/> keep and leave occupied by person nominated above <input type="checkbox"/> sell <input type="checkbox"/> unsure

Legal details

Estate planning details	Client 1	Client 2
Current Will	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Power of Attorney	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Guardianship	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Health Insurance details

General insurance	Insured item	In place
Health insurance	Health Insurance	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> cancel

Financial

Financial's	Client 1	Client 2
Superannuation	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Bonds	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Shares	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Trusts	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

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Funeral Bond	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Self Funded Retiree	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Investment Properties / Others	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Approx Cash	\$		\$	

Contact Details

To be contacted	<input type="checkbox"/> 9am-2pm	<input type="checkbox"/> 12pm-5pm	<input type="checkbox"/> 5pm-7pm	<input type="checkbox"/> 7pm-10pm
First name				
Last name				
Email Address				
Contact Number				
Contactable Person	<input type="checkbox"/> Client	<input type="checkbox"/> Relative	<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Representative