

GOLDEN HEART SENIOR PLACEMENT

Client Financial Assessment



◆ **NV REQUIRED** by Nevada statute (citation shown) ◇ **NV VERIFY** Nevada-specific; confirm current rules Unmarked = professional best practice

1 • CLIENT & FINANCIAL AUTHORITY

Client _____ Spouse / partner _____ ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Financial decision-maker: ☐ Client ☐ Financial POA ☐ Guardian ☐ Trustee ☐ Rep. payee

Name _____ Phone / email _____

Does our agency, an employee, or their family hold a POA for, or any property of, this client? ☐ No ☐ Yes — no referral ◆ **NRS 449.1145(1)(b)**

2 • MONTHLY INCOME

Source	Client \$/mo	Spouse \$/mo
Social Security		
SSI		
Pension		
IRA / 401(k) / annuity payments		
VA benefits		
Rental / investment income		
Wages		
Family contributions		
Other:		
Total gross monthly		

3 • MONTHLY BUDGET FOR CARE

Income \$ _____ + Asset draw \$ _____

+ Family \$ _____ + LTC / VA \$ _____

= Available for care each month \$ _____

Target: ☐ <\$4k ☐ \$4–6k ☐ \$6–8k ☐ \$8k+

Private-pay runway (months) _____

One-time move-in / community fee up to \$ _____

4 • INSURANCE COVERAGE

Medicare: ☐ A ☐ B ☐ D ☐ Advantage Plan _____

Medigap / retiree plan _____

Long-term care ins.: ☐ Yes ☐ No Carrier _____

Policy # _____ Benefit \$ _____ / day or mo

Elimination (days) _____ Max / period _____

Covers: ☐ AL ☐ Memory care ☐ SNF ☐ Home care ☐ Claim filed

☐ Life policy with LTC / chronic-illness rider

Medicare does not pay assisted-living costs; its skilled-nursing coverage is short-term only.

5 • MEDICAID & WAIVER STATUS

Nevada Medicaid: ☐ Active ☐ Pending ☐ Not applied

Medicaid ID _____ Applied (date) _____

HCBS waiver: ☐ Enrolled ☐ Waitlist ☐ Not applied

Waiver _____ Waitlist since _____

Needs Medicaid-accepting community: ☐ Now ☐ After private pay

◆ **Verify** Eligibility is set by NV DWSS; waivers run through ADSD. Income and asset limits change yearly.

6 • VETERANS BENEFITS

☐ Veteran ☐ Surviving spouse ☐ N/A Branch _____

Service dates _____ ☐ Wartime ☐ DD-214

Pension / Aid & Attendance: ☐ Receiving ☐ Applied ☐ No

Service-connected % _____ ☐ VA health care

☐ Referred to accredited VSO / NV Dept. of Veterans Services

Federal rule: only VA-accredited representatives may help prepare VA claims (38 C.F.R. § 14.629).

7 • REFERRAL FEE DISCLOSURE & CERTIFICATION ◆ NV REQUIRED

Who pays referral fee? ☐ The community — no cost to client ☐ Client pays ◆ **NRS 449.114(1)(a)(5)**

☐ Explained: communities pay us only under a written contract. ◆ **NRS 449.1145(1)(e), (4)**

☐ Client advised we do not sell personal information ◆ **NRS 449.1145(2)(e)**

I confirm this information is accurate to the best of my knowledge.

Professional Signature _____

Professional Accreditation _____

Date _____