Prescriptions

Include names and dosages

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WHY FILL OUT THIS BRIEF WORKSHEET?

1. It will help make the visit with the volunteer easier and faster.
2. The more accurate you are with the financial questions, the more accurate your BenefitsCheckUp® report.
3. You will be able to gather your information at your convenience and not feel the pressure of someone waiting for the information.
4. You can ask a family member for assistance.

REMEMBER

Personal information that may identify you, such as your name, address, phone number, or Social Security number, is NEVER used on the Internet.

Your zip code is the **ONLY** identifying information.

Please keep this completed worksheet for your screening

BenefitsCheckUp®
A SERVICE OF THE NATIONAL COUNCIL ON AGING

PreVisit Worksheet

CALL CENTRE COUNTY RSVP, (814) 355-6816, FOR QUESTIONS

BenefitsCheckUp ®

MY APPOINTMENT:

Date: _____

Time: _____

Location:

_____

Volunteer:

_____

Centre County BenefitsCheckUp ®

SPONSORED BY:

CENTRE COUNTY COMMISSIONERS, CENTRE COUNTY COMMUNITY FOUNDATION & CENTRE COUNTY UNITED WAY

http://www.benefitscheckup.org/

MONTHLY EXPENSES

These are out-of-pocket costs.

$_____ **Total** Child care or elder care costs so that a household member can go to work, training or school.

Household Expenses (Monthly)

$_____ Home Owner/Rental Insurance

$_____ Property Tax (school, city, etc)

$_____ Heating fuel

$_____ Gas (cooking, heating)

$_____ Electricity

$_____ Water, Sewer, Garbage, Recycling

$_____ Telephone

$_____ Rent or mortgage

$_____ **Total**

Medical Expenses (Monthly)

$_____ Prescriptions

$_____ Doctor's Fees/Co-Payments

$_____ Transportation to Doctors ($0.20 per mile for car mileage)

$_____ Home Health Help

$_____ Health Insurance Premiums (including Medigap & Medicare Part B)

$_____ Insurance Deductible (monthly)

$_____ Medical Equipment

$_____ Nursing Home

$_____ Long Term Care Insurance

$_____ **Total**

Monthly Income (before taxes) Please complete if less than or equal to $4500.00

	Self	Spouse	Joint	Household
Pension/Retirement Benefits	$	$	$	$
Dividends/Interest	$	$	$	$
Supplemental Security Income	$	$	$	$
Social Security Disability	$	$	$	$
Social Security Retirement/Survivor Benefits (GROSS: total amount before deductions)	$	$	$	$
Railroad Retirement Benefits	$	$	$	$
Veteran's Benefits	$	$	$	$
Worker's Compensation	$	$	$	$
TANF (Temporary Assistance for Needy Families)	$	$	$	$
Cash Assistance	$	$	$	$
Other Non-Work Income	$	$	$	$
Work Income	$	$	$	$

Assets Estimate to the best of your ability.

	Self	Spouse	Joint	Household
Cash/Cash Equivalent	$	$	$	$
Automobile: Vehicle 1	$	$	$	$
Automobile: Vehicle 2	$	$	$	$
Value of Home (less mortgage)	$	$	$	$
Retirement Accounts	$	$	$	$
Investment Accounts	$	$	$	$
Life Insurance: Cash Value	$	$	$	$
Life Insurance: Face Value	$	$	$	$
Burial Accounts: Revocable	$	$	$	$
Burial Accounts: Irrevocable	$	$	$	$
Other Assets (real estate/boats/RV)	$	$	$	$