



**AYRES PRESSER**  
*Elder Law*

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**Date and Time of Appointment:** \_\_\_\_\_ **Attorney:** \_\_\_\_\_

**Who is attending the appointment today?** \_\_\_\_\_

**Who completed this form?** \_\_\_\_\_

**Type of appointment:** Medicaid/Nursing Home Planning (Elder Law)

**CLIENTS' PERSONAL INFORMATION:**

**Client's Name (this is the person for whom we are planning):**

**Spouse's Name:**

\_\_\_\_\_  
(First) (Middle) (Last)

\_\_\_\_\_  
(First) (Middle) (Last)

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Township/Borough:** \_\_\_\_\_

**Township/Borough:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Date of Death (if applicable):** \_\_\_\_\_

**\*WHERE WOULD YOU LIKE US TO SEND INVOICES AND OTHER CORRESPONDENCES?**

**c/o:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**CHILDREN**

Please provide full legal names, oldest to youngest. List predeceased children.

1. Name/Age: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Children's Names/Ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Name/Age: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Children's Names/Ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Name/Age: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Children's Names/Ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Name/Age: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Children's Names/Ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

May we speak with your children, if necessary?  Yes  No

**How were you referred to us? (Check one):** EZ-to-Use Directory  Tribune Democrat   
Friend (Name \_\_\_\_\_)  TV Ad  Website  Facebook   
Attorney (Name) \_\_\_\_\_