

Area Agency on Aging of the Capital Area

Presents a **FREE** informational Webinar on

# **Estate Planning** for Older Adults

### **Eligibility:**



Must be **60 years or older** <u>or</u> a family member caring for an older adult

### **Questions:**



Email us at:

bcinfo@capcog.org

### **Platform:**



Contact Us for the Link!!!

Pre-Recorded Zoom Webinar



Call us at **512-916-6178** 

\* Para información adicional o asistencia, en español, por favor de llamarnos.

# **Featuring Guest Speaker:**

# Paul J. Zambie

Managing Attorney Texas Legal Services Center Austin, TX Please contact our office to obtain details on how to participate in a **FREE Legal Clinic**, to obtain assistance with any of the following services:

- Transfer on Death Deed/Medicaid Estate Recovery Program
- Affidavit of Heirship
- Miller Trust/Qualified Income Trust
- Advance Directives
- Durable Power of Attorney
- Medical Power of Attorney

The following collaboration has made this service possible:













# Estate Planning for Older Adults Legal Clinic Intake Form



Please print clearly and fill out completely; missing information may delay process. Thank you!

Referral Source									
Date of Referral:	Referred By: Agen		:y:	Phone:	Email:				
Consumer									
Full Name:				Date of Birth					
City, Zip Code and County:		Primary Languag	rimary Language: Monthly Income:		Email Address:				
Alternate Point of Cont	tact, Full Name:	Phone:	Phone:						
City, Zip Code and County: Relationship		to Consumer:	Primary Language	e: Email Addres	Email Address:				
	_								
Consent									
Consumer Information Release									
By signing this authorization, you are providing the Area Agency on Aging of the Capital Area (AAACAP)									
permission to release your information, provided in this intake form, to a participating legal partner. This									
will allow staff to assist in assessing, arranging, and meeting your service needs, in particular to this legal clinic. Failure to provide this authorization will result in limited service by the AAACAP. This release									
includes access to a continuum of service/s available through the AAACAP and/or its providers.									
Consumer's Signature					Date				
[optional] I authorize the participating legal partner to speak to the following person/s (i.e. spouse, children, caregiver) in regard to my estate planning:									
□ Name/Relationship:									
□ Name/Relationship:									

For Staff Use Only					
Staff:	Date Submitted:		□ TLSC	□ TYLA	☐ Rio Grande