

SPECIAL NEEDS TRUST QUESTIONNAIRE



PERSONAL INFORMATION

General Personal Information

Your Information:

Client 1 (You):

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Phone No.: _____ (Home) _____ (Cell) _____ (work)

E-mail: _____ (Home) _____ (Work)

Social Security No. _____ Citizenship: _____

Relationship to Disabled Person: _____

Client 2: (if applicable)

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Phone No.: _____ (Home) _____ (Cell) _____ (work)

E-mail: _____ (Home) _____ (Work)

Social Security No. _____ Citizenship: _____

Relationship to Disabled Person: _____

Disabled Beneficiary's Information:

Full Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

Phone No.: _____ (Home) _____ (Cell) _____ (work)

E-mail: _____

Social Security No. _____ Citizenship: _____

Gender: Male Female

Married? Yes No If Yes, Name of Spouse: _____

Address of Spouse if different than Beneficiary's address:

Street City State Zip Code

If married, is Spouse disabled? Yes No

Is the Beneficiary competent or expected to be competent at age of 18? Yes No

Nature of Beneficiary's Disability (brief description):

Is disabling condition expected to last the Beneficiary's lifetime? Yes No

Children of Disabled Person, if any

If any child is deceased please provide that child's date of death. If any child is receiving **government benefits**, please identify which child and provide the type of benefits receiving.

<u>Name and Address</u>	<u>Gender</u>	<u>Birth Date</u>	<u>Benefits (if any)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are any of the above children step-children? Yes No

If Yes, please identify by placing an "S" next to their name.

Parents (if different than the client(s) above)

<u>Name</u>	<u>Address</u>
Father:	
_____	_____
Mother:	
_____	_____

If parents are divorced, please list date, place and case number of divorce (**attach a copy of divorce decree**)

Date of Divorce: _____ Place of Divorce: _____

Case No.: _____

Guardianship:

Is the Beneficiary the subject of a Guardianship? Yes No

If yes, please provide the following: (**attach a copy of the decree appointing guardian and all court orders**)

County: _____ Case No.: _____

Name of Guardian: _____

Address: _____
Street
City
State
Zip Code

Phone No.: _____ (Home/Work) _____ (Cell) Fax: _____

E-mail: _____

Relationship to Disabled Person: _____

If Co-Guardian, please provide the following:

Name of Co-Guardian: _____

Address: _____
Street
City
State
Zip Code

Phone No.: _____ (Home/Work) _____ (Cell) Fax: _____

E-mail: _____

Relationship to Disabled Person: _____

If Beneficiary is incompetent and not subject to guardianship, is guardianship required? Yes No

Beneficiary's Income and Benefits:

Is Beneficiary currently employed? Yes No

If yes, where is Beneficiary employed? _____

How much does Beneficiary earn per month (please provide range if not consistent)? _____

Is Beneficiary receiving Social Security Disability payments (SSD)? Yes No (\$ _____ per month)

Is Beneficiary receiving Supplemental Security Income payments (SSI)? Yes No (\$ _____ per month)

Is Beneficiary receiving Medicare benefits for medical expenses? Yes No (Since _____ (date))

Is Beneficiary receiving Medi-Cal/Medicaid benefits? Yes No (Since (date))

Does Beneficiary receive any other income or benefits (i.e. Section 8 housing, etc.)? Yes No

If yes, please explain source and amount per month

Source: _____ Amount per month: \$ _____

Source: _____ Amount per month: \$ _____

Source: _____ Amount per month: \$ _____

If not receiving SSD, has Beneficiary filed for SSD payments? Yes No

If yes, when? _____

If not receiving SSI, has Beneficiary filed for SSI payments? Yes No

If yes, when? _____

Has Beneficiary filed for any public benefits? Yes No

If yes, please describe: _____

Beneficiary's Residence:

Beneficiary currently: Owns home/condo Lives with parents/relatives Rents home/apartment

Lives in Nursing Home Lives in Assisted Living Facility Lives in Group Home

If lives in an institution, please provide the following:

Name of Institution: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Name of contact person at Institution: _____



Beneficiary's Assets:

Personal Residence: Yes No Location: _____

Other Real Estate: Yes No Location: _____

Automobile: Yes No Year/Make/Model: _____

Checking Account(s): Yes No Savings Account(s)/CDs: Yes No

<u>Name of Bank</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brokerage Account(s): Yes No

<u>Name of Brokerage</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Life Insurance: Yes No

<u>Name of Insurance Company</u>	<u>Policy No.</u>	<u>Cash Value</u>	<u>Death Benefit</u>
_____	_____	_____	_____
_____	_____	_____	_____

Burial Plot: Yes No Pre-paid Funeral Plan: Yes No

Home Furnishings: Yes No

Other Assets: Yes No

_____	\$ _____
_____	\$ _____
_____	\$ _____

Trustees:

The trustee is the person or entity appointed to manage the assets transferred to the trust for the benefit the disabled beneficiary. The trustee should be capable of making trust distributions that follow the strict guidelines and complex requirements of Medicaid and SSI. If you choose a family member to act as trustee, it is advisable that a trustee experienced in the administration of special needs trust serve as a co-trustee.

Initial Trustee Name: _____

Address: _____
Street City State Zip Code

Phone No.: _____ (Home) _____ (Cell) _____ (work)

E-mail: _____ (Home) _____ (Work)

First Alternate Trustee Name: _____

Address: _____
Street City State Zip Code

Phone No.: _____ (Home) _____ (Cell) _____ (work)

E-mail: _____ (Home) _____ (Work)

Second Alternate Trustee Name: _____

Address: _____
Street City State Zip Code

Phone No.: _____ (Home) _____ (Cell) _____ (work)

E-mail: _____ (Home) _____ (Work)

Funding of Trust:

How will the trust be initially funded?

Cash: Amount: \$ _____

Real Estate: Location: _____
Type of Real Estate: Single family home Townhome Condominium Apartment Land

Location: _____
Type of Real Estate: Single family home Townhome Condominium Apartment Land

Other Assets: Describe: _____

Life Insurance: Death Benefit Amount: \$ _____ Cash Value: \$ _____

Company Name: _____

Policy No. #: _____ Insured: _____

Special Needs Provisions:

The trustee will have broad discretion in regard to distributions to the beneficiary; however, you may specify particular needs or services you want the trustee to provide/pay for.

Distributions After Beneficiary's Death:

After the death of the Beneficiary, you will want to designate where any remaining assets of the trust will be distributed. You may designate the assets to be distributed outright to named individuals or organizations or held in trust for beneficiaries (such as other children or grandchildren) until certain ages. If any assets are left to minor or a disabled beneficiary, it is advisable to leave their shares in trust for them in order to prevent the need for a court-ordered guardianship. You may also allow the Beneficiary to decide who will receive the assets remaining in his or her trust by naming them in his or her Will (if the Beneficiary does not have a valid Will at his or her death, then the assets will pass to persons as otherwise designated in the trust document). Please name or describe below the persons to whom you wish any remaining assets distributed at the Beneficiary's death. **We will discuss the details of the distribution at our meeting.**

Name: _____
 Relationship to you: _____
 How much (dollar amount or percentage of remainder)? _____
 When will individual receive share (immediate, in trust until certain ages)? _____

Name: _____
 Relationship to you: _____
 How much (dollar amount or percentage of remainder)? _____
 When will individual receive share (immediate, in trust until certain ages)? _____

Name: _____
 Relationship to you: _____
 How much (dollar amount or percentage of remainder)? _____
 When will individual receive share (immediate, in trust until certain ages)? _____

Others: _____

Do you want to allow the Beneficiary to designate who will receive the remaining trust funds in his or her Will?
 Yes No

Referral reference:
 Referred By: _____
 May I Send a Thank You Note: Yes No
 Street Address: _____
 City: _____ State: _____ Zip Code: _____