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SPECIAL NEEDS TRUST QUESTIONNAIRE

Your Name: _____ Date: _____

Address: _____

Phone Number: _____

Email Address: _____

Relationship to Beneficiary with a disability: _____

Beneficiary Information:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Nature of Disability of Beneficiary - If available, please provide a document which describes the nature and extent of the disability.

Is the Beneficiary Adjudicated Incapacitated? _____

If yes, please include the Guardianship Court Order.

Is the Beneficiary married? _____

If yes, please list name of spouse: _____

Does the Beneficiary have any children? _____

If yes, please list names and ages: _____

Public Benefits received by Beneficiary (please provide documentation):

- Supplemental Security Income (SSI) - Amount: _____
- Medical Assistance (MA)/Medicaid - Provider: _____
- State Supplementary Payment (SSP) - Amount: _____
- Mental Health/Intellectual Disability Benefits (MD/ID): _____
- Waiver Program - Type: _____
- Social Security Disability Income (SSDI) - Amount: _____
- Medicare: _____
- Section 8 Housing: _____
- Supplemental Nutrition Assistance Program (SNAP)/Food Stamps-Amount: _____
- Other: _____

Is Beneficiary employed: _____

Name of Employer: _____

Approximate Monthly Salary: _____

Name of proposed Settlor (must be competent beneficiary, parent, grandparent, guardian, or via court order)

Address: _____

Phone Number: _____

Email Address: _____

Relationship to Beneficiary with a disability: _____

Name(s) and Address(es) of Contingent Beneficiary(s) to receive Trust monies at death of beneficiary and after payment of Medicaid liens.

Relationship to Beneficiary with a disability: _____

Source of monies for trust (e.g., settlement of litigation, inheritance, gift(s), Social Security back payments):

Amount: _____

If Settlement of Litigation:

Is a structured settlement involved: _____

Caption of Litigation: _____

Attorney Name: _____

Proposed Trustee(s) (individual or corporate fiduciary - if corporate: name of contact person):

Address: _____

Phone Number: _____

Email Address: _____

Social Security Number of Trustee: _____

Relationship to Beneficiary with a disability: _____

Proposed Alternate Trustee(s) (if any): _____

Address: _____

Phone Number: _____

Email Address: _____

Relationship to Beneficiary with a disability: _____

Referred by: _____

Please provide a short description of your current situation and the problem with which you would like our help:
