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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:_____

_____

Does the disabled person have assets in his or her own name in excess of $2000.00? _____

If yes, please list type of asset and approximate value.

_____

Is the disabled beneficiary a beneficiary of a trust established by any person? _____ If yes:

1. Is the disabled person a current, remainder or contingent beneficiary? _____

2. Please provide a copy of all such trusts

3. Are there other relatives or persons who are likely to include the disabled person as a beneficiary under their own estate plans?

_____

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:

_____

_____

_____

_____

_____