

# McAndrews, Mehalick, Connolly, Hulse and Ryan P.C.



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ATTORNEYS AT LAW

## SPECIAL NEEDS TRUST QUESTIONNAIRE

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Relationship to Beneficiary with a disability: \_\_\_\_\_

### Beneficiary Information:

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

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

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

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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: \_\_\_\_\_

Are any assets that would fund the SNT held in an IRA, 401k, 403b, other tax deferred asset, or in an annuity or structured settlement?  
\_\_\_\_\_

If so, please list:

How much is held in the account: \_\_\_\_\_

Account owner: \_\_\_\_\_

Account beneficiary: \_\_\_\_\_

Where is the account held: \_\_\_\_\_

*Please attach an account statement.*

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: \_\_\_\_\_

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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Please be advised that we charge an initial consultation fee of \$495.00.*

***This fee must be paid prior to your scheduled consultation.***

*Upon receipt of the completed Questionnaire, McAndrews Law Offices, P.C. will contact you to schedule an initial meeting. Please contact our office if you have any questions.*