

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



ATTORNEYS AT LAW

30 Cassatt Avenue
Berwyn, PA 19312
Phone: 610-648-9300
Fax: 610-648-0433
www.mcandrewslaw.com

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:

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:

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.