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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: _____

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:
