

This box for office use only – Trust Title:

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

## Special Needs Trust Questionnaire

Thank you for your faith in our firm. The following information will be used in preparing estate planning documents for you. If you have any questions while completing this questionnaire, please do not hesitate to contact our Estate Planning department to schedule a phone call or in-person meeting with the paralegal. 408-985-9918.

### BACKGROUND INFORMATION

The information you provide in this section provides us with important objective information about the person with a disability, their age, marital status, where they live, and how best to communicate with the main contact person. This section will ensure names are spelled correctly in the documents.

Main Contact Person(s) \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Person with Special Needs \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ It is okay to communicate with me via my E-mail address

#### Second Contact Person

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ It is okay to communicate with me via my E-mail address

### PERSONAL DATA OF PERSON WITH A DISABILITY

Full Legal Name \_\_\_\_\_

Also Known As \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

U.S. Citizen? [  ] YES [  ] NO

Veteran? [ ] YES [ ] NO

Is the person married? [ ] YES [ ] NO If yes, date of marriage \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers (if appropriate) \_\_\_\_\_

Do you expect the person to remain in the State where he or she is living currently? [ ] YES [ ] NO

If no, where do you expect the person might move?

\_\_\_\_\_

Does the disabled person have a living parent or grandparent? [ ] YES [ ] NO

If yes, **Whom:** \_\_\_\_\_

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

**Whom:** \_\_\_\_\_

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

**Whom:** \_\_\_\_\_

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

If no, please provide names of siblings, spouse and children of disabled person.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has a legal guardian or conservator of the person with disabilities been appointed by a court?

[ ] YES [ ] NO

If yes, **Whom:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

**PLANNING GOALS AND OBJECTIVES**

**Please identify the reasons you are considering estate planning for a person with disabilities or areas that you would like to learn more about (select as many as you wish).**

***Protect Your Beneficiary with Special Needs . . . . .***

- From predators who can access inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to have half of your child or beneficiary's inheritance
- From creditor claims (such as car accident plaintiffs) From financial immaturity resulting in a quick loss of the entire inheritance
- From sharing assets with heirs you would rather disinherit
- From neglect in the government care system
- Ensure that a beneficiary with special needs has assets that are protected from government seizure while retaining eligibility for needed services
- By providing guidelines for how your child should be supported while their assets are in trust
- By providing instructions, people, and assets to support your beneficiary with special needs above a poverty lifestyle
- From predators who can access inheritance amounts and target young or vulnerable beneficiaries
- From inadvertently receiving an inheritance that disqualifies the person from governmental assistance

**MEDICAL DATA**

**The information you provide in this section will allow us to identify specialized planning needs and customize the person's Special Needs Trust to ensure that the trust permits distribution that are most likely to improve the person's quality of life.**

Name of Disability \_\_\_\_\_

Please describe the disability, including what the person is able to do and unable to do. Please explain both the mental and physical condition.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any specific activities the person enjoys, that enhance his or her quality of life, or that help improve his or her condition?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can the person work? [  ] YES [  ] NO Please explain. \_\_\_\_\_

\_\_\_\_\_

Can the person drive? [  ] YES [  ] NO If no, what transportation needs are there? \_\_\_\_\_

Can the person live independently? [  ] YES [  ] NO If no, please describe where they are living and projected duration of this arrangement.

**GOVERNMENTAL ASSISTANCE**

**A Special Needs Trust is only needed to protect eligibility for certain types of governmental benefits. The information you provide in this section will help us ensure that Special Needs planning is appropriate for the person with disabilities.**

What government programs is the person currently receiving assistance from? (For example, Medicaid, Medicare, Social Security, supplemental security income (SSI), supplemental security disability income (SSDI), rental assistance/HUD, food stamps, etc.) Please be careful to distinguish between Medicaid and SSI, which are means-tested programs, and Medicare and SSDI, which are federal entitlement programs.

Did the person with disabilities receive any public aid or assistance before turning 18? [  ] YES [  ] NO

If yes, what kind of assistance did the person receive? \_\_\_\_\_

Local Office/Contact Name & Case Number \_\_\_\_\_

If the person is not receiving Medicaid, how are their medical expenses being met?

## APPOINTMENTS—PEOPLE TO ASSIST YOU

One of the most important aspects of any estate plan is the “appointment” of various persons to assist you, your family, and the person with a disability in times of need. These appointed “helpers” are called by different names depending on the type of estate plan you elect to implement. Although the parent is often the initial trustee of a Special Needs Trust, your successor will stand in for you to ensure that (1) your wishes regarding the beneficiary’s care are followed, (2) trust distributions do not unintentionally render the beneficiary ineligible for benefits, (3) care providers are supervised adequately, and (4) the assets in the Special Needs Trust are managed carefully and with integrity.

### Successors to You

Who will manage the Special Needs Trust if you are unable to do so?

	Client Responses (include name, address, and tel.)
Successor Trustee First Choice	
Successor Trustee Second Choice	
Successor Trustee Third Choice	
Successor Trustee Fourth Choice	

### Advisory Panel or Care Manager/Advocate

If your Successor Trustees do not have the expertise to evaluate your child’s health or the adequacy of care providers, consider nominating an Advisory Panel **OR** a Care Manager/Advocate.

The members of an Advisory Panel can advise the Successor Trustees about your child’s changing needs. Family members often do an excellent job serving on an Advisory Panel.

Who would you like to serve on an Advisory Panel?

	Client Responses (include name, address, and tel.)
Advisory Panel Member First Choice	
Advisory Panel Member Second Choice	
Advisory Panel Member Third Choice	
Advisory Panel Member Fourth Choice	
Advisory Panel Member Fifth Choice	

In the alternative, would you like to authorize your Successor Trustee to hire an advocate or care manager?

YES      NO

If you have a particular person in mind, list them here.

	<b>Client Responses (include name, address, and tel.)</b>
<b>Care Manager First Choice</b>	
<b>Care Manager Second Choice</b>	

**SPECIAL INSTRUCTIONS**

**CHANGE IN CIRCUMSTANCES.** Your beneficiary’s inheritance will remain in the Special Needs Trust for the beneficiary’s entire life unless you provide for circumstances under which a full or partial distribution may be made. Most frequently, parents provide that if their child is employed and self-supporting for a certain minimum period of time (for example 24 months out of the last 28 months), the Successor Trustee may, with permission of a court, distribute all or some of the trust. What circumstances would you like to trigger a distribution decision (if any)?

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**RESIDENTIAL INSTRUCTIONS.** What instructions would you like to provide regarding your beneficiary’s residence? Are certain options unacceptable (such as a public facility)? Would you prefer for the beneficiary to be a home owner someday? Would you like a caregiver to live in the home with the beneficiary?

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**SOCIAL OPPORTUNITIES.** What opportunities would you like to provide your beneficiary?

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**DISTRIBUTION OF ANY REMAINDER IN THE SPECIAL NEEDS TRUST.** When the trust terminates, who will receive the funds? Please provide specific legal names of family members and answer the questions below.

To the following named individuals: \_\_\_\_\_

\_\_\_\_\_

All to the child's descendants; if there are no descendants then equally between the child's siblings, and if a sibling does not survive, the deceased sibling's descendants takes the share of the deceased sibling.

Equally between the child's siblings, or their descendants, then remote contingent beneficiaries.

All to child's descendants, then \_\_\_\_\_

**FUNERAL/CEMETARY.** Does the person own a cemetery lot or has the person prepaid any funeral or burial expense?

Please explain. \_\_\_\_\_

Are any of these people minors (under age 18) [ ] YES [ ] NO

Are all of these people in good health? [ ] YES [ ] NO

Are any of these people blind or disabled? [ ] YES [ ] NO

Are any of these people receiving SSI or other forms of government entitlement? [ ] YES [ ] NO

Do any of these people have problems with alcoholism or drug addiction? [ ] YES [ ] NO

Do any of these people have trouble managing their money? [ ] YES [ ] NO

## ASSETS OF THE PERSON WITH A DISABILITY

Please insert the approximate value of each asset/liability in the appropriate space.

<b>ASSETS</b>	<b>OWNED INDIVIDUALLY</b>	<b>OWNED JOINTLY</b>	<b>SOURCE OF FUNDS (Gift, Wages, Inheritance, Personal Injury Lawsuit, etc)</b>
RESIDENCE (current value)			
OTHER REAL ESTATE (current value)			
CHECKING ACCOUNT			
SAVINGS ACCOUNT			
MONEY MARKET ACCOUNT			
CERTIFICATES OF DEPOSIT			
MUTUAL FUNDS			
STOCKS			
BONDS			
RETIREMENT ACCOUNTS (IRA, 401(k), SEP, SIMPLE, ETC.)			
CASH VALUE – LIFE INSURANCE			
ANNUITIES			
CLOSELY HELD BUSINESS			
NURSING HOME DEPOSIT			
PERSONAL HOUSEHOLD GOODS			
AUTOMOBILES			
BOATS, CANOES, & TRAILERS			
ASSETS IN SAFE DEPOSIT BOX			
<b>TOTALS</b>			



**FUNDING OF THE SPECIAL NEEDS TRUST**

How and when will the Special Needs Trust be funded?

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If gifting or inheritance is the source of funds, please answer the following:

Name of person(s) making gift or leaving inheritance: \_\_\_\_\_

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Date of Death (if deceased) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Does this person have a taxable estate (the estate tax exemption is currently \$ 5.25 million in 2013)?

YES     NO

**LIFE INSURANCE THAT MIGHT BE USED TO FUND THE PERSON’S SPECIAL NEEDS TRUST – PLEASE LIST INDIVIDUALLY.** (Include the cash value of the life insurance on the Life Insurance line for the prior page)

It is very important to know the cash value and the death benefit of the life insurance policy. To obtain the cash value of the policy, please call your insurance agent or call the insurance company directly.

Company Name	Type (term, whole life, universal)	Death Benefit Value	Face Value	Cash Value	Owner	Insured	Beneficiary (Primary & Secondary)

**Congratulations on completing this questionnaire.**

**YOU ARE NOW ONE STEP CLOSER TO PROTECTING  
YOUR LOVED ONE WITH SPECIAL NEEDS.**