



SPECIAL NEEDS TRUST QUESTIONNAIRE

Trust Funded with Beneficiary's Assets

This form is important. Your accurate and complete responses will help us best serve you.

A. BENEFICIARY'S PERSONAL DATA

Full Name Birth Date
Street Address
City State Zip County
Type of Residence (Private home or apt., group home, etc.)
Phone No. Driver License /State I.D. No.
Social Security No. (copy of card required)
U.S. Citizen? Yes No

B. BENEFICIARY'S MEDICAL DATA

Medicaid No. (copy of card required) County
Medicaid Office Address
Medicaid Caseworker Phone Fax
Medicare Claim No. (copy of card required)
Other Medical Insurance (copy of card required)
Date of Accident or Injury (if any) Date Funds Received (if any)
Nature of Disability

C. BENEFICIARY'S INCOME AND RESOURCES

Employer Phone No.
Address
Monthly Earned Income \$ Gross Net
Monthly SSI (provide recent award letter) \$
Monthly SSDI (provide recent award letter) \$
Monthly Child Disability Benefit (provide recent award letter) \$
Social Security Office Address
Social Security Caseworker Phone Fax
Other income (child support, alimony, annuity payments, etc.)
Reason for Special Needs Trust
Personal Injury Settlement Back Payment from Social Security Inheritance
Accrual of Savings Other

What is the value of the assets and where are they currently held? _____

D. BENEFICIARY'S OTHER BENEFITS

- NOW/COMP Waiver
- ICWP Waiver
- Veterans' Benefits
- Railroad Retirement
- Medicare Premium Assistance Program (SLMB/QMB)
- Section 8 / Public Housing
- Other Waiver
- SNAP (Food)
- Other Benefits: _____

E. SETTLOR (Person establishing Trust)

The proposed Settlor should attend the initial consult. Only a parent, grandparent, guardian, court, or the beneficiary may establish a special needs trust. We will discuss in more detail during the consultation.

Is Beneficiary competent? Yes No Does Beneficiary wish to establish trust? Yes No

Does Beneficiary have a living parent or grandparent? Yes No

Living Parent/Grandparent's Full Name _____

Address _____

City _____ State _____ Zip _____ County _____

Phone No. _____ Email _____

Does Beneficiary have a Guardian or Conservator (Attach Letters of Guardianship or Conservatorship)

Yes No

County of Guardianship _____ Case No. _____

Guardianship Type Guardianship Conservatorship Guardianship & Conservatorship

Guardian's Full Name _____

Street Address _____

City _____ State _____ Zip _____ County _____

Phone No. _____ Email _____

F. TRUSTEE (Person or entity administering Trust)

The proposed Trustee may wish to attend the initial consult. The beneficiary may not be the trustee. The Settlor may elect to enter into a pooled trust that has a specified trustee in place. We will discuss in more detail during the consultation.

Trustee's Full Name _____

Street Address _____

City _____ State _____ Zip _____ County _____

Phone No. _____ Email _____

G. DOCUMENTS

Please bring a copy or original of the following documents with you to the consultation, if applicable:

Social Security card,
Letters of Guardianship and/or conservatorship,
Medicaid card (front and back),
Medicare card,
Private insurance card,
Most recent Social Security award letter,
Copies of any existing trust, and
Copies of any balance of an existing trust.