



Special Needs Trust Questionnaire

Some families have children with physical and developmental disabilities. If you have a child with these disabilities, your child may lose benefits if appropriate planning is not done. These benefits may include Supplemental Security Income (SSI) and Medicaid under state and federal programs.

You have options for caring for a child with physical or developmental disabilities, including an informal agreement with a sibling or other relative to use gifts or part of an inheritance to meet the special needs of your child. This arrangement **does not assure** your child with special needs will be cared for, particularly if the person you make the arrangement with were to die or become disabled themselves. Another alternative is to use a trust especially designed to provide for the supplemental needs of your child, allowing the child to receive the full benefit of governmental programs.

The following questionnaire is intended to assist you with collecting information you will want to review with an attorney to plan for your child.

1. FAMILY BACKGROUND

A. Name: _____

Telephone: (work) _____ (Home) _____

Address: _____

Age: _____ Place of Employment: _____

B. Spouse: _____

Age: _____ Place of Employment: _____

C. Children

Full Name

Date of Birth

D. Which of your children is physically or developmentally disabled?
Please provide a brief summary of the condition(s).

2. TRANSFER OF PROPERTY

(Does the value of your property, including life insurance and pension benefits in which you have interest, exceed \$1,000,000? If so, tax planning for federal estate taxes is necessary.)

- A. **Special Bequests:** Do you wish to make special bequests to individuals or charities? (Specific bequests are small amounts of cash, family heirlooms, tangible personal property, etc.)

Name	Relationship	Item or Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- B. **Catastrophe Clause.** If your spouse, children, and grandchildren die before you do, which individual or charitable entities do you wish to receive your property?

Name	Amount
_____	_____
_____	_____
_____	_____
_____	_____

3. ADMINISTRATION OF ESTATE

- A. **Personal Representative.** The Personal Representative is named in your Will and is appointed by the Court shortly after your death. The Personal Representative's responsibility is to work with the attorney to collect all assets in your estate, pay all debts and taxes and distribute the estate properly to the beneficiaries. Whom have you named as your Personal Representative?

Name: _____

Address: _____

Alternative Personal Representative: _____

Address: _____

- B. **Guardian.** You may wish to nominate a Guardian for your minor child. If your children are all adults, you have the right to nominate a Guardian for your child with physical or developmental disabilities. Whom do you wish to name as Guardian of any minor children or Guardian of your adult child with disabilities?

Name: _____

Address: _____

Alternative Personal Representative: _____

Address: _____

- C. **Trustees.** Whom do you wish to name as Trustee for the Supplemental Trust for your disabled child after you and your spouse die?

Name: _____

Address: _____

Alternative Personal Representative: _____

Address: _____

D. What federal or state income and benefit programs, if any, does your child with physical or developmental disabilities receive and how much does he or she receive?

Program	Amount
_____	_____
_____	_____
_____	_____

E. Has your child with physical or developmental disabilities accumulated funds from any other source? If so, what is the value of the property held in your child's name or in your name as his or her payee. Are there any other assets held for the child's benefit, and how are they titled.

4. LIFE INSURANCE:

Policy #	Company	Face Amount	Insured	Owner	Beneficiary
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. RETIREMENT BENEFITS: Does your plan (s) have a beneficiary or provide survivor benefits?

Company	Type of Plan	Vested Benefits
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. List all other property on the attached "Exhibit A".

7. MISCELLANEOUS INFORMATION

A. Do you expect any substantial future inheritance? If so, indicate source and approximate amount.

B. Are you, your spouse or your disabled child named as beneficiaries of any existing trusts? If so, please explain.

C. To what degree can (or will) _____ fend for him/herself?

D. When you die, retire or if you become disabled, or suffer a financial setback, who can or will continue to assure adequate services and other needs for _____?

E. What plans have you made for “backups” – so someone you have selected can step in and make decisions and/or assure services if the primary person you have named dies, becomes disabled, moves, has a financial set back or for any other reason, cannot or will not serve?

F. What plans do you have if there is no family member or friend able and willing to assume these responsibilities?

G. Who will help enhance _____ life and help observe family traditions, birthdays, holidays and other special occasions?

H. Does or will _____ need residential care and if so, what do you expect the annual cost to be?

I. What are you now paying for lifetime support?

J. What are you now paying for habilitation or rehabilitation?

K. What are you paying for medical care?

L. What are you now paying for room and board?

M. Where will _____ live if you are no longer here? Can _____ live alone?
With a friend or relative? In a group or companion home? What cost would you estimate in each case?

N. Is _____ able to work? To what extent? Is this likely to continue in the long term? What are _____ earnings?

O. Can _____ handle routine affairs? Small amounts of income each week? Large sums of Money?

P. Who else are you supporting and what are the monthly or annual dollar needs for those persons?

Q. What are your feelings about taking financial resources from other children if money is needed for _____?

R. What will be the impact of guardianship or trustee responsibilities on the finances of the person you have named in your will?

S. What, if any, personal resources does _____ have? What have you done to protect those assets? Do you anticipate and inheritance? Do you expect a settlement from litigation?

T. Who has power of attorney for _____?
