

SPECIAL NEEDS TRUST PLANNING WORKSHEET

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USING THIS ORGANIZER WILL ASSIST ME IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO MY OFFICE PRIOR TO YOUR
APPOINTMENT VIA MAIL OR FAX.

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PERSON(S) CREATING THE TRUST

Full Legal Name _____

Also Known As _____
(other names used to title property and accounts)

Age _____ Birth Date _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Married: Date of Marriage _____ Divorced Widowed Single

Spouse's Full Legal Name _____

Also Known As _____
(other names used to title property and accounts)

Age _____ Birth Date _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State _____ Zip _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

BENEFICIARY INFORMATION

Relationship to the person the trust is being created for?

Beneficiary's Legal Name

Also Known As _____
(other names used to title property and accounts)

Age _____ Birth Date _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ U.S. Citizen? _____

E-mail Address _____ It is okay to communicate via E-mail address.

Type of Residence (e.g., group home, apartment, facility, home)

Beneficiary's Marital Status:

Married: Date of Marriage _____ Divorced Widowed Single

Beneficiary's Spouse's Legal Name

UNDERLYING DISABILITY

DESCRIBE THE DISABILITY:

WAS ONSET OF DISABILITY PRIOR TO AGE 22? YES NO

IS BENEFICIARY COMPETENT TO HANDLE FUNDS? YES NO

CAN BENEFICIARY HANDLE FUNDS WITH ASSISTANCE? YES NO

IS BENEFICIARY UNDER A CONSERVATORSHIP? YES NO

DOES BENEFICARY REQUIRE SUPERVISION? YES NO

IS THE BENEFICIARY DEVELOPMENTALLY DISABLED? YES NO

IF "YES", PLEASE ANSWER THE FOLLOWING QUESTIONS:

RECEIVING REGIONAL CENTER ASSISTANCE? _____

IF YES, PLEASE DESCRIBE (RESIDENTIAL, NURSING CARE, RESPITE CARE, ECT.)

WHAT IS THE BENEFICIARY'S CURRENT LIVING SITUATION? (HOME, GROUP HOME, INDEPENDENT, ETC.)?

BENEFITS

NEEDS BASED BENEFITS

FINANCIAL

	Yes	No	Future	Amount
(SSI) Supplemental Security Income	_____	_____	_____	_____
(I.H.S.S.) In Home Support Services	_____	_____	_____	_____
(TANF) Temporary Aid to Needy Families	_____	_____	_____	_____
(H.U.D.) Section 8 Housing	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

MEDICAL

Medicaid	_____	_____	_____	_____
Other	_____	_____	_____	_____

BENEFITS BASED ON ENTITLEMENT

FINANCIAL

	Yes	No	Future	Amount
(SSDI) Disability Insurance	_____	_____	_____	_____
(SSA) for child whose disability began prior to age 22	_____	_____	_____	_____
Department of Rehabilitation	_____	_____	_____	_____
Other	_____	_____	_____	_____

BENEFITS BASED ON ENTITLEMENT

MEDICAL

	Yes	No	Future	Amount
Medicare	_____	_____	_____	_____
Other	_____	_____	_____	_____
Private Health Insurance	_____	_____	_____	_____
Name of Private Health Insurance Company	_____			

LIST OF ASSETS OWNED BY THE BENEFICIARY

(PLEASE LIST FAIR MARKET VALUE AND OWNERSHIP)

REAL PROPERTY: (ADDRESS)

VALUE

_____	\$ _____
_____	\$ _____
_____	\$ _____

AUTOMOBILES: (YEAR AND MAKE)

VALUE

_____	\$ _____
_____	\$ _____
_____	\$ _____

SAVINGS AND CHECKING ACCOUNTS

VALUE

_____	\$ _____
_____	\$ _____
_____	\$ _____

**CERTIFICATES OF DEPOSIT/MUTUAL FUNDS/
MONEY MARKETS**

VALUE

_____	\$ _____
_____	\$ _____
_____	\$ _____

STOCKS OR BONDS

VALUE

_____	\$ _____
_____	\$ _____
_____	\$ _____

VALUABLE PERSONAL PROPERTY

VALUE

_____	\$ _____
_____	\$ _____
_____	\$ _____

OTHER MISCELLANEOUS ITEMS

VALUE

_____	\$ _____
_____	\$ _____
_____	\$ _____

INSURANCE OWNED BY THE BENEFICIARY OR NAMING THE BENEFICIARY AS RECIPIENT UPON DEATH

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Total _____

RETIREMENT BENEFITS OWNED BY THE BENEFICIARY OR NAMING THE BENEFICIARY AS THE RECIPIENT UPON DEATH

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Total _____

ANTICIPATED INHERITANCE, GIFTS FROM THIRD PARTIES, OR LAWSUIT JUDGMENTS

TYPE: Gifts or inheritances that your beneficiary expects to receive at some time in the future; or moneys that the beneficiary might receive. **Describe in appropriate detail.**

Description _____

Total estimated value _____

OTHER ASSETS

TYPE: "Other assets" is any property that your beneficiary has that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

LIST OF LIABILITIES

AMOUNT

HOME MORTGAGE \$ _____

NOTES: \$ _____

LOANS AGAINST LIFE INSURANCE \$ _____

OTHER OBLIGATIONS (please list)

_____ \$ _____

_____ \$ _____

_____ \$ _____

FAMILY ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____
Social Service Agency _____	_____

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving social security, disability, or other governmental benefits? <i>Describe</i> _____		
Do you or your spouse have a Revocable Living Trust?		
Do you (or your spouse) own real estate in Virginia?		
Are there likely to be other family or friends who might leave a gift or inheritance to the beneficiary?		
Does the beneficiary have a representative payee for Social Security benefits? <i>If so, who is the representative payee?</i> _____		
Does the beneficiary have a Gift or Uniform Transfer to Minors Account? <i>If so, how much is in the account? Describe:</i> _____		
Do you support any charitable or disability organizations now that you wish to make provisions for? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Has the beneficiary ever abused drugs or alcohol?		
Does the beneficiary have special educational needs?		
Does the beneficiary have special medical or physical needs?		
Does the beneficiary have special vocational needs?		
Do you provide primary or other major financial support to adult children or others?		

PLANNING OBJECTIVES

PLEASE DESCRIBE YOUR PLANNING OBJECTIVES TO ASSIST THE BENEFICIARY IN THE FOLLOWING AREAS. PLEASE KEEP IN MIND THAT A SPECIAL NEEDS TRUST BY ITS VERY NATURE PLACES ALL DISCRETION IN THE HANDS OF THE TRUSTEE, ADVISORY COMMITTEE, OR CARE MANAGER. WE BELIEVE IT IS VERY IMPORTANT THAT THE TRUSTEE IS PROVIDED WITH VERY SPECIFIC INFORMATION ABOUT YOUR OVERALL INTENT.

Residential

Select one of the following residential living situations as your stated preference

- Own Private Residence with Assistance
- Authorize the Trustee to acquire and maintain a residence for the residential needs of the beneficiary
- Residence of a Named Individual with assistance. Who? _____

Additional Information

- Group Home
- Care Facility or Institution

Would you like to specify a group home, care facility or provided? Yes / No

Please indicate any Residential Situations that are unacceptable

- Group Home
- Public Institution
- Public Care Facility
- All of the Above

SOCIAL NEEDS

Do you want to include a section regarding supported social activities in the Special Needs Trust?

_____ Yes _____ No

What sort of activities do you wish to encourage the beneficiary to participate in?

- Special Olympics**
- Sporting activities**
- Attending sporting events**
- Attending cultural activities**
- Participate in religious activities**

FAMILY

Do you want to include a section expressing your desire that your beneficiary maintaining contact with his or her family is a priority?

_____ Yes _____ No

What sorts of family expenditures are appropriate?

- Purchase gifts to acknowledge events such as birthdays and holidays?**
- Pay for beneficiary to travel to family events?**
- Pay for family members to visit the beneficiary?**

OTHER

TRUSTED INDIVIDUALS AND ENTITIES

We will work with you to determine the most appropriate trust management system that suits your beneficiary's unique needs. Accordingly, please list the names of individuals and entities you trust – those you believe can assist with the personal care of the beneficiary and assist in the financial decision making.

Our preference, if the facts and circumstances warrant, is to establish a check and balance system of personal and financial management with banks, special needs trust administrators, family, friends, financial advisors, care managers, and others to ensure the highest quality of care for the beneficiary.

Please list the persons or entities that you trust and indicate their strengths and weaknesses (1 = weakness, 3=strength)

Name	Relationship	Financial	Family	Advocay	Accounting	Spiritual
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
_____	_____	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
_____	_____	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
_____	_____	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
_____	_____	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
_____	_____	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
_____	_____	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
_____	_____	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
_____	_____	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

HOW PROPERTY IS TO BE DISTRIBUTED UPON THE DEATH OF THE BENEFICIARY

- Allow your beneficiary to decide. If you answer yes, who may leave the beneficiary leave his or her estate to:
 - Beneficiary's descendants
 - Beneficiary's spouse
 - Your descendants
 - Charities
 - Religious Organizations
 - No Restrictions

If the beneficiary is given the ability to decide where the remaining assets are distributed upon the beneficiary's death, it is wise to make a nominal gift to a person or charity.

Please list the person or charity:

_____ Amount of Gift; \$ _____

- You decide.
- Divide equally between my/our children and the descendants of any deceased children:
- Divide among named individuals and/or charities:

Please list the named individuals and/or charities:

