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**SPECIAL NEEDS TRUSTS  
QUESTIONNAIRE**

Date \_\_\_\_\_ File Number \_\_\_\_\_

**This form is extremely important. Your accuracy and completeness in responding will help me best represent you.**

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**INFORMATION ABOUT DISABLED PERSON:**

Full Name: \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell No. \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

Medicaid No. \_\_\_\_\_ Medicare Claim No. \_\_\_\_\_

Gender:             Male             Female

Disabled Person Suffers from:

Brain injury

Autism

Paraplegia

Quadriplegia

Down Syndrome

Cerebral Palsy

Fragile X Syndrome

Rett Syndrome

Spina BiFida

Other \_\_\_\_\_

Prognosis \_\_\_\_\_

Disabled Person Receives:

SSI

Medicaid

SSD

Medicare

Medicaid Waiver

Subsidized Housing

DDD

Group Home

Psychiatric Institutionalization

Other Public Benefits

If disabled person is not receiving any of these benefits, which, if any, have they filed for?

SSI

Date of Filing: \_\_\_\_\_

Has there been a determination of disability by the Social Security Administration?  Yes  No

Medicaid

SSD

Date of Filing: \_\_\_\_\_

Medicare

Is the disabled person likely to be eligible for Medicare within the next 30 months?  Yes  No

Medicaid Waiver

Subsidized Housing

- DDD
- Group Home
- Psychiatric Institution
- Other Public Benefits \_\_\_\_\_

**MISCELLANEOUS INFORMATION:**

**1. Living Arrangement.**

Disabled person is living:  At home  In an institution or group home

If in an institution or group home, please list:

Name of Institution \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail address \_\_\_\_\_

Name of Contact Person at Institution or Group Home \_\_\_\_\_

**2. Citizenship.**

- Disabled person is:
- A U.S. Citizen
  - A Qualified Alien
  - Don't Know

**3. Competency.**

- Disabled Person is:
- A competent Adult
  - An incompetent Adult
  - A minor expected to be **competent** at majority
  - A minor expected to be **incompetent** at majority

**4. Social Security.**

Provide address of Social Security office with which disabled person has contact:

Street Address \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Name of Claims Representative \_\_\_\_\_

**5. Disabled Person's Parents.**

What is the marital status of the disabled person's parents (if the disabled person is living with either of them)?

- Married
- Single
- Widowed
- Divorced

**Name of Father** \_\_\_\_\_

Street Address \_\_\_\_\_

(if different from disabled person)

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

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell No. \_\_\_\_\_

U.S. Citizen?  Yes  No

If no, explain under what legal right the father is in this country.

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If father will sign trust as grantor, it will be signed in: State \_\_\_\_\_

County \_\_\_\_\_

**Name of Mother** \_\_\_\_\_

Street Address \_\_\_\_\_

(if different from disabled person)

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

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell No. \_\_\_\_\_

U.S. Citizen?  Yes  No

If no, explain under what legal right the mother is in this country.

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If mother will sign trust as grantor, it will be signed in: State \_\_\_\_\_  
County \_\_\_\_\_

**6. Guardianship.**

Is the disabled person the subject of a guardianship?  Yes  No

If yes, please provide the following:

**Name of Guardian** \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell No. \_\_\_\_\_

**Name of Co-Guardian** (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell No. \_\_\_\_\_

Please attach court orders, guardianship letters and related pleadings.

If the disabled person is incompetent and is not subject to a guardianship, is a guardianship required?  Yes  No

**NOTE: If yes, complete guardianship intake forms.**

**7. Disabled Person's Family.**

Disabled person is:  Married

Single

If married, Name of Disabled Person's Spouse \_\_\_\_\_

**Name of Child** \_\_\_\_\_ Age of Child \_\_\_\_\_

Is this child a stepchild?  Yes  No

**Name of Child** \_\_\_\_\_ Age of Child \_\_\_\_\_

Is this child a stepchild?  Yes  No

**Name of Child** \_\_\_\_\_ Age of Child \_\_\_\_\_

Is this child a stepchild?  Yes  No

**Name of Child** \_\_\_\_\_ Age of Child \_\_\_\_\_

Is this child a stepchild?  Yes  No

**4. Distribution on Death of Disabled Person.**

After any required Medicaid payback, the remaining trust assets are to be distributed to:

Spouse

Children equally

Children unequally

How will distribution be made? \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

**5. Age Requirements.**

If any contingent beneficiary of the trust is relatively young, what will the age requirement be for distribution?

Trustee Retains Distribution until age:  30  35

Withdrawal Rights:  1/3 at Age \_\_\_\_  Other \_\_\_\_\_

1/2 at Age \_\_\_\_\_

All at Age \_\_\_\_\_

**6. Real Estate.**

Will the Trust own any real estate?  Yes  No

If yes, provide the following:

Street Address \_\_\_\_\_

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

\_\_\_ Single Family Dwelling \_\_\_ Townhouse \_\_\_ Condominium

ESTATE PLANNING DOCUMENTS:

1. Disabled Person

Health Care POA / Living Will

Power of Attorney

2. Disabled Person's Family:

Family members who might leave inheritance to disabled person have existing documents:

Wills     Living Trust

Powers of Attorney       Third-party Special Needs Trust

REFERRAL INFORMATION:

By Whom Were You Referred To This Office?

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell No. \_\_\_\_\_