

SPECIAL NEEDS TRUST QUESTIONNAIRE

CLIENT NAME: _____

DATE: _____

1. Trustee Information for Special Needs Trust (Initial Trustee and Successor)?

Initial Trustee: _____

(Because of the special distribution rules which apply to Special and Supplement Needs Trusts, we suggest that you name a Bank or other Corporate Trustee. Such professional Trustee's are better acquainted with the rules and are unlikely to make mistakes which could affect your loved one's entitlement to benefits. Will use the actual name of the Trust Division)

Successor Trustee: _____

2. Distribution pattern upon the death of the primary beneficiary? Who do you want to benefit from the trust then?

3. Social security number and address for Trustor(s)?

4. Is it likely that the person for whom you want to establish a special needs trust will inherit assets from anyone else? If yes, please explain:

5. Does the person for whom you want to establish a special needs trust have a companion/aide who assists with travel or other endeavors? If yes, please explain:

6. Please list the source of all property/ funds to be transferred to the special needs trust (For a "stand alone"-private- trust, we recommend that the assets total at least \$100,000 in value. If you intend to contribute less, we can discuss the possibility of a pooled trust) :

7. What benefits is the disabled person already receiving? (Source and monthly amount, if applicable):

8. If the disabled person receives Social Security benefits (SSDI or SSI), is there a representative payee?
Who is the payee?

9. If the disabled person does not receive benefits, do you anticipate that he or she will receive benefits in the future and why?

10. What needs aside from food and shelter do you anticipate the disabled person will have? (i.e., Will there be adaptive technology, housing or other expenses, college/ other educational expenses, special medical care not provided by Medicaid or insurance, travel needs? In short, describe in detail the needs and standards of living you would like to provide for).

11. What is the disabled person's diagnosis/ nature of the disability?

12. Is the disabled person mentally competent? _____

13. Does he or she have a guardian of the person? _____ ...of the estate? _____

Who is the guardian(s)? _____