Special Needs Trust Planning Questionnaire

As often is the case, attorneys view creation of a special needs trust as a panacea. Placing all of a disabled individual's assets into an irrevocable trust, however, is much more complicated than filling in the blanks on the trust documents and turning over a funding check. Proper planning requires that the attorney look at the unique aspects of each disabled person's case to determine how and if the trust serves their current and future goals. A special needs trust is not, on its own, a care plan. It is one component, one tool, of a well-crafted care plan that is designed to maximize the benefits available to the disabled person, as well as maximize their independence. Please complete this form so we can determine how best to maximize benefits.

Name of Prospective Trust Beneficiary:
Form completed by: Relationship to beneficiary:
Guardianship Status (check one):
☐ Guardianship (Please attach court orders, guardianship letters, and related pleadings.)
□ No Guardianship
Source of the Trust Funds:
Who is settling the Trust?
☐ The Trust Beneficiary (e.g. a lawsuit settlement, inheritance, etc.)
☐ A Third Party (e.g., relative gifting money to trust for a person with disabilities)
OBRA Qualification:
Over 65? Yes No Age Date of birth
Beneficiary Profile:
Street Address City, State, Zip Code Phone E-Mail Address Soc. Sec. No Medicaid No Medicare Claim No Gender
Married?

Describe Beneficiary's Underlying Disability (The law defines disability as the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. If the individual does not meet this definition, they cannot take advantage of the OBRA trust.):						
Prognosis:						
Functional deficits (i.e., how independent is the beneficiary in	their daily living s	kills)?				
Medications:						
Compliant with medications? ☐ Yes ☐ No						
Is Beneficiary competent to handle funds?	□ Yes □ No					
Does Beneficiary require supervision?	☐ Yes ☐ No					
Does Beneficiary have issues with substance abuse?	☐ Yes ☐ No					
Is Beneficiary developmentally disabled? Is Beneficiary a US Citizen?	☐ Yes ☐ No	□ Yes □ No				
is beneficiary a 03 offizerr:						
Current Care Plan:						
Beneficiary's current placement:						
Residing in the community? \square Yes \square No						
If yes, choose type of residence:						
Property owned by beneficiary						
Rental						
Other:						
Who else lives with the beneficiary:						
Residing in an institutional setting? \qed Yes \qed No						
If yes, choose type of residence:						
Nursing Home						
Assisted Living						
Group home						
Other:						
Is current placement in Beneficiary's best interests? If not, who	at is a more suita	able arrangement?				

Beneficiary's social network (what is the level of involvement? How are they assisting?)
Family:
Friends:
Volunteers:
Other:
Are custodial care services currently in place? ☐ Yes ☐ No
If Yes, please describe:
Skill level of service provider:
Functions being performed:
Tunctions being performed.
Days and hours:
Days and nodis.
What gaps exist as it relates to needs/wants that are currently being unmet?
What gaps exist as it relates to needs, wants that are currently being uninet:
le the benefician receiving any ancillar programming (o.g., day programs)
Is the beneficiary receiving any ancillary programming? (e.g., day programs)
What does the beneficiary like to do? Are there any impediments to them doing activities?
How stable is the beneficiary's care plan?

Stable - unlikely to change in the next two (2) years Unstable - likely to change within the next two (2) years Unsure/do not have enough information to assess stability of care plan (why? What information is missing? Public Benefits/Insurance: Is the beneficiary currently receiving the following? > Medicaid:	Unstable – likely to change within the next two (2) years Unsure/do not have enough information to assess stability of care plan (why? What information is missing? Public Benefits/Insurance: Is the beneficiary currently receiving the following? Medicarid:		Highly Stable – unlikely to change in the next ten (10) years
Unsure/do not have enough information to assess stability of care plan (why? What information is missing?	Unsure/do not have enough information to assess stability of care plan (why? What informat is missing?		Stable – unlikely to change in the next two (2) years
Public Benefits/Insurance: Is the beneficiary currently receiving the following? Medicaid:	Public Benefits/Insurance: Is the beneficiary currently receiving the following? Medicaid:		Unstable – likely to change within the next two (2) years
Public Benefits/Insurance: Is the beneficiary currently receiving the following? Medicaid:	Public Benefits/Insurance: Is the beneficiary currently receiving the following? Medicaid:		Unsure/do not have enough information to assess stability of care plan (why? What info
Is the beneficiary currently receiving the following? Medicaid:	Is the beneficiary currently receiving the following? Medicaid: Yes No If No, who will be applying for Medicaid on behalf of the beneficiary? Medicare: Yes No No Medicare Supplemental Insurance: Yes No SSI: Yes No If Yes, how much per month: SSDI: Yes No If Yes, how much per month: No If Yes, how much does the beneficiary own: No If Yes, available property: No No If Yes, approx. value: Cost basis (if available): No No If Yes, approx. value: Cost basis (if available): No No If Yes, available No No No If Yes, available No No No No No No No N		is missing?
Is the beneficiary currently receiving the following? Medicaid:	Is the beneficiary currently receiving the following? Medicaid: Yes No If No, who will be applying for Medicaid on behalf of the beneficiary? Medicare: Yes No No Medicare Supplemental Insurance: Yes No SSI: Yes No If Yes, how much per month: SSDI: Yes No If Yes, how much per month: No If Yes, how much does the beneficiary own: No If Yes, available property: No No If Yes, approx. value: Cost basis (if available): No No If Yes, approx. value: Cost basis (if available): No No If Yes, available No No No If Yes, available No No No No No No No N	Public	Benefits/Insurance:
If No, who will be applying for Medicaid on behalf of the beneficiary? Medicare:	If No, who will be applying for Medicaid on behalf of the beneficiary? Medicare:		
Medicare:	Medicare:	>	Medicaid: ☐ Yes ☐ No
➤ Medicare Supplemental Insurance:	Medicare Supplemental Insurance:		If No, who will be applying for Medicaid on behalf of the beneficiary?
> SSI:	> SSI:	>	Medicare: ☐ Yes ☐ No
If Yes, how much per month: SSDI: Yes No If Yes, how much per month: Veteran's Benefits Yes No If Yes, how much per month: Financial: How much does the beneficiary own: Checking/Savings: Retirement: CDs: Other cash account/valuable property: Does the beneficiary have life insurance? If Yes, approx. value: If Yes, approx. value:	If Yes, how much per month: SSDI: Yes No If Yes, how much per month: Veteran's Benefits Yes No If Yes, how much per month: Financial: How much does the beneficiary own: Checking/Savings: Retirement: CDs: Other cash account/valuable property: Does the beneficiary have life insurance? If Yes, approx. value: Cost basis (if available):	>	Medicare Supplemental Insurance: ☐ Yes ☐ No
> SSDI:	➤ SSDI:	>	SSI: □ Yes □ No
If Yes, how much per month: Veteran's Benefits	If Yes, how much per month: Veteran's Benefits		If Yes, how much per month:
➤ Veteran's Benefits	➤ Veteran's Benefits □ Yes □ No If Yes, how much per month: Financial: How much does the beneficiary own: Checking/Savings: Retirement: CDs: Other cash account/valuable property: Does the beneficiary have life insurance? If Yes, approx. value: Cost basis (if available):	>	SSDI: □ Yes □ No
Financial: How much does the beneficiary own: Checking/Savings: Retirement: CDs: Other cash account/valuable property: Does the beneficiary have life insurance? If Yes, approx. value:	If Yes, how much per month:		If Yes, how much per month:
Financial: How much does the beneficiary own: Checking/Savings: Retirement: CDs: Other cash account/valuable property: Does the beneficiary have life insurance? If Yes, approx. value:	Financial: How much does the beneficiary own: Checking/Savings: Retirement: CDs: Other cash account/valuable property: Does the beneficiary have life insurance? If Yes, approx. value: Cost basis (if available):	>	Veteran's Benefits ☐ Yes ☐ No
How much does the beneficiary own: Checking/Savings: Retirement: CDs: Other cash account/valuable property: Does the beneficiary have life insurance? If Yes, approx. value:	How much does the beneficiary own: Checking/Savings:		If Yes, how much per month:
How much does the beneficiary own: Checking/Savings: Retirement: CDs: Other cash account/valuable property: Does the beneficiary have life insurance? If Yes, approx. value:	How much does the beneficiary own: Checking/Savings:	Financ	vial:
Checking/Savings:	Checking/Savings:		
Retirement:	Retirement:		•
CDs: Other cash account/valuable property: Does the beneficiary have life insurance? Does the beneficiary have stocks or bonds? If Yes, approx. value:	CDs: Other cash account/valuable property: Does the beneficiary have life insurance? Does the beneficiary have stocks or bonds? If Yes, approx. value: Cost basis (if available):		
Does the beneficiary have life insurance? Does the beneficiary have stocks or bonds? If Yes, approx. value:	Does the beneficiary have life insurance? Does the beneficiary have stocks or bonds? If Yes, approx. value: Cost basis (if available):		
Does the beneficiary have stocks or bonds? If Yes, approx. value:	Does the beneficiary have stocks or bonds? If Yes, approx. value: Cost basis (if available):	Other o	ash account/valuable property:
If Yes, approx. value:	If Yes, approx. value: Cost basis (if available):	Does tl	ne beneficiary have life insurance?
	Cost basis (if available):	Does t	ne beneficiary have stocks or bonds?
Cost basis (if available):			If Yes, approx. value:
	Does the beneficiary have annuity?		Cost basis (if available):

If Yes, please indicate type:
Self-directed (e.g., variable annuity)
Right to payment/monthly or episodic disbursements (e.g., structured settlement)
Other income:
ABLE Eligibility:
Was the blind or disabled before before age 26?: \Box Yes \Box No
Was the beneficiary receiving Supplemental Security Income (SSI) based on blindness or disability that began before age 26?: $\ \square$ Yes $\ \square$ No
Does the beneficiary have existing debt (e.g., credit cards, loans)? Yes No If Yes, describe type and how much:
Does the beneficiary own real estate? Yes No
If Yes, please answer the following questions:
How is the real estate titled?
Are capital improvements/expenditures expected? Describe:
Does the beneficiary own an automobile(s)? Yes No
If Yes, please answer the following questions:
Who drives the vehicle(s):
Are the vehicle(s) and all the drivers insured?
If No, are you thinking of purchasing a vehicle?
<u>SSDI</u>
Is/was Beneficiary employed? ☐ Yes ☐ No If yes, for how long?
How much does Beneficiary currently receive in SSDI? What type of employment, if any, could beneficiary perform now?
Would Beneficiary's salary likely be less than \$1,130/month? ☐ Yes ☐ No

Budget:

Current budget/total annual expenditures:

Proposed budget:	
Will there be any disb	ursements that negatively affect SSI?
□ Yes	□ No
If Yes, please	describe:
Will the trust be paying	g for private health insurance?
□Yes	□ No
Legal Issues:	
Is there an existing Po	wer of Attorney?
□ Yes	□ No
If Yes, please	indicate below:
	Power of Attorney for Property
	Name and relationship:
	Power of Attorney for Health Care
	Name and relationship:
Does the beneficiary h	nave legal counsel?
□ Yes	□ No
If Yes, who:	
Upon the death of the	beneficiary, who should any remaining trust funds go to?

Other considerations:

Will the beneficiary understand the complexity of the limitations placed on disbursements by th trustee per federal and state law?	е
□ Yes □ No	
Will the fiduciary (the Trustee) understand the complexity of the limitations of disbursements?	
□ Yes □ No	
Has the beneficiary been required to file individual tax returns for the past two (2) years?	
□ Yes □ No	
<u>CERTIFICATION</u>	
The undersigned hereby represents to Bielski Chapman Ltd. that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Bielski Chapman Ltd. may not be appropriate.	
Signature of client or representative Date	