

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 his/her 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 his or her independence.

Name of Prospective Trust Beneficiary: _____

Form Completed by: _____ Relationship to beneficiary: _____

GUARDIANSHIP STATUS (Check one):

Guardianship

No Guardianship

SOURCE OF TRUST FUNDS:

Who is settling the Trust?

The Trust Beneficiary (e.g. a parent is putting their own money into a trust)

A Third Party (e.g., relative gifting money to trust for a person with disabilities)

BENEFICIARY PROFILE:

• Age: _____

• Diagnosis:

• Prognosis:

• Functional deficits (i.e., how independent is the person in his/her daily living skills)?

- Medications:

Compliant with medications? Yes ____ No ____

- Married? Yes ____ No ____

- Children? Yes ____ No ____

If YES, age(s) of minor or adult dependent children: _____

CURRENT CARE PLAN:

- Beneficiary's Current Placement

Residing in the **community**? ____ Yes ____ No

If YES, choose type of residence:

____ Property owned by beneficiary

____ Rental

____ Other: _____

Residing in an **institutional setting**? ____ Yes ____ No

If YES, choose type of residence:

____ Nursing home

____ Assisted living

____ Group home

____ Other: _____

- Beneficiary's Social Network
(What is the level of involvement? How are they assisting?)

Family: _____

Friends: _____

Volunteers: _____

Other: _____

- Custodial Care Services Currently in Place? ____ Yes ____ No

If YES, please describe:

Skill level of service provider: _____

Functions being performed: _____

Days and hours: _____

- What gaps exist as it relates needs/wants that are currently being unmet?

- Receiving any ancillary programming? (e.g., day programming)

- What does the person like to do? Are there any impediments to them doing it?

- How Stable is the Beneficiary's Care Plan (circle one):

Highly (very) Stable (likely not to change in the next 10 years)

Stable (likely not to change in the next two years)

Unstable/Not Stable (likely to change within the next two years)

Do not have enough information to assess stability of care plan (why? What information are you missing?)

PUBLIC BENEFITS/INSURANCE:

- Currently receiving Medicaid? ____ Yes ____ No

If NO, who will be applying for Medicaid on behalf of the beneficiary?

- Currently receiving Medicare? Yes No
- Currently receiving Medicare Supplemental insurance? Yes No
- Currently receiving SSI? Yes No
If YES, how much per month: _____
- Currently receiving SSDI? Yes No
If YES, how much per month: _____
- Currently receiving Veteran's Benefits? Yes No
If YES, how much per month: _____

FINANCIAL:

- How much does the beneficiary own
 - Approximate amount cash (incl. retirement accounts)? \$ _____
 - Life Insurance? Yes No
 - Stocks or bonds? Yes No
If YES, approximate value: _____
 - Cost basis (if available): _____

 - Annuity? Yes No
If YES, please indicate type:
 - Self-directed (e.g., variable annuity)
 - Right to payment/monthly or episodic disbursements (e.g., structured settlement)
- 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? ___ Yes ___ No
Describe: _____

- Does the beneficiary own an **automobile(s)**? ___ Yes ___ No

If YES, please answer the following questions:

Who is drives it? _____

Are the vehicle and all the drivers insured? ___ Yes ___ No

If NO, is a vehicle purchase contemplated? ___ Yes ___ No

BUDGET:

- Current budget/total annual expenditures:

- Proposed budget:

- Will there be any Disbursements that negatively affect SSI? ___ Yes ___ No

If YES, please describe:

- Will the trust be paying for Private Health Insurance? ___ Yes ___ No

LEGAL ISSUES

- Is there an existing **Power of Attorney**? ___ Yes ___ No

If YES, please indicate below:

___ Power of Attorney for Property
Name/relationship: _____

___ Power of Attorney for Health Care
Name/relationship: _____

- Does the beneficiary have **legal counsel**?

If YES, who? _____

OTHER CONSIDERATIONS:

- Understanding the **complexities of the trust**

Will the **beneficiary** understand the complexity of the limitations placed on disbursements by the trustee per federal and state law? ____ Yes ____ No

Will the **fiduciary** (the Trustee) understand the complexity of the limitations of disbursements? ____ Yes ____ No

- **Income Taxes**

Has the Beneficiary been required to file individual tax returns for the past 2 years?
____ Yes ____ No