

CONFIDENTIAL
SELF SETTLED SPECIAL NEEDS TRUST
PLANNING QUESTIONNAIRE

This questionnaire is designed to help gather the information necessary to properly prepare a Self Settled Special Needs Trust (SNT). This questionnaire is extremely helpful in preparing a SNT that will meet your objectives. Those questions that do not apply to you may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information that you feel is relevant. Thank you.

DATE: _____

SECTION 1

INFORMATION ABOUT THE PERSON CREATING THE TRUST

**This is the person who is “funding” the SNT.
Meaning whose money is being used to create the SNT.**

A. PERSON CREATING THE TRUST:

Full Name: _____
(first) (middle) (last)

Birthdate: _____

Social Security Number: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

B. SPOUSE/PARTNER OF PERSON CREATING THE TRUST:

Full Name: _____
(first) (middle) (last)

Birthdate: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____
Rel. to Beneficiary: _____

C. ADVANCED DIRECTIVES:

POWER OF ATTORNEY: If you were unable to make financial decisions for yourself, who would you want to make those decisions for you?

Power of Attorney

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

LIVING WILL: Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____ Do you want to provide that your organs and tissues should be made available for transplant purposes? _____

HEALTH CARE: If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

Name and Address	Relationship
_____	_____
_____	_____
_____	_____

SECTION 2

BENEFICIARY INFORMATION (Person who will utilize SNT funds)

A. BENEFICIARY'S UNDERLYING DISABILITY:

Describe beneficiary's underlying disability: _____

	<u>Yes</u> <u>No</u>
Was onset of disability prior to age 22?	[y] [n]
Is beneficiary competent to handle funds?	[y] [n]
Is beneficiary subject to a conservatorship?	[y] [n]
Does beneficiary require supervision?	[y] [n]
Does beneficiary have issues with substance abuse?	[y] [n]
Is beneficiary developmentally disabled?	[y] [n]
Describe beneficiary's current therapeutic, educational, vocational, and social services:	

B. BENEFICIARY'S BENEFITS:

Name of representative payee for social security benefits, if applicable: _____

NEEDS-BASED FINANCIAL BENEFITS

	<u>Yes</u>	<u>No</u>	<u>Future</u>	<u>Amount</u>
Supplemental Security Income (SSI)	[y]	[n]	[f]	\$ _____
Medicaid (Diversion or Nursing Home)	[y]	[n]	[f]	\$ _____
Section 8 Housing (HUD) or Temporary Aid to Needy Families	[y]	[n]	[f]	\$ _____
Other (<i>Describe:</i> _____)	[y]	[n]	[f]	\$ _____

ENTITLEMENT-BASED FINANCIAL BENEFITS

	<u>Yes</u>	<u>No</u>	<u>Future</u>	<u>Amount</u>
Social Security Disability Insurance (SSDI)	[y]	[n]	[f]	\$ _____
Supplemental Security Income (SSI) for <i>disability before age 22</i>	[y]	[n]	[f]	\$ _____
Other (<i>Describe:</i> _____)	[y]	[n]	[f]	\$ _____

ENTITLEMENT-BASED MEDICAL BENEFITS

	<u>Yes</u>	<u>No</u>	<u>Future</u>	<u>Amount</u>
Medicare	[y]	[n]	[f]	\$ _____
Private Health Insurance (<i>Insurer:</i> _____)	[y]	[n]	[f]	\$ _____
Other (<i>Describe:</i> _____)	[y]	[n]	[f]	\$ _____

SECTION 3

PLANNING OBJECTIVES

Please describe your planning objectives to assist the beneficiary in the following areas. Keep in mind that a special needs trust by its nature places all discretion in the hands of the trustee, with an advisory committee or care manager providing input and potentially providing oversight. It is important for the trustee to have specific information about your overall intent.

A. RESIDENTIAL:

Acceptable residential situations:

- Personal residence (house, condo, apartment)
- Authorize the trustee to buy and maintain a residence for the beneficiary
- Independent living with support (supported living)
- Residence of a named individual (*Who?* _____)
- Group home
- Specific group home, care facility, or provider (*Name:* _____)
- Public care facility
- Other (*Describe:* _____)

Unacceptable residential situations:

- Group home
- Public care facility
- Specific group home, care facility, or provider (*Name:* _____)
- Public institution
- Other (*Describe:* _____)

B. SOCIAL AND RECREATIONAL ACTIVITIES:

Do you want a provision about supported social and recreational activities? Yes No

List the activities that the beneficiary enjoys, or that you want to encourage the beneficiary to participate in (for example, soccer, bowling, karate, playing piano, shopping with friends, going to movies, building models, etc.):

C. TRUSTEE

Can not be the beneficiary if a Self Settled SNT. If there is not a close family member able to be a trustee please let me know so that I can properly draft for a non-profit guardian to act as trustee.

Who will be the Trustee of the SNT? _____

Address: _____

Email: _____

Phone: _____

D. OTHER PLANNING OBJECTIVES:

SECTION 4

BENEFICIARY'S ASSETS

Please list all assets owned by the beneficiary, including market value and ownership.

A. REAL PROPERTY: <u>Description (address, co-owners)</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. AUTOMOBILES: <u>Description (year, make, model, co-owners)</u>	<u>Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

H. LIFE INSURANCE OWNED BY BENEFICIARY

<u>Insurance Company</u>	<u>Insured Party</u>	<u>Death Beneficiary</u>	<u>Death Benefit</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

I. LIFE INSURANCE NAMING BENEFICIARY AS DEATH BENEFICIARY

<u>Insurance Company</u>	<u>Insured Party</u>	<u>Policy Owner</u>	<u>Death Benefit</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

J. RETIREMENT ACCOUNTS OWNED BY BENEFICIARY

<u>Type (e.g., IRA)</u>	<u>Company</u>	<u>Death Beneficiary</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

K. RETIREMENT ACCOUNTS NAMING BENEFICIARY AS DEATH BENEFICIARY

<u>Type (e.g., IRA)</u>	<u>Company</u>	<u>Account Owner</u>	<u>Death Benefit</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

L. GIFTS AND INHERITANCES: Describe in appropriate detail any gifts or inheritances that the beneficiary might receive, including the name of the person making the gift or leaving the inheritance:

Total estimated value: \$ _____

M. LAWSUIT SETTLEMENTS AND JUDGMENTS: Describe in appropriate detail any money that you anticipate beneficiary will receive through a lawsuit settlement or judgment including PI attorney name and contact information:

Total estimated value: \$ _____

N. OTHER ASSETS: Description (type, co-owners) Value

	\$ _____
	\$ _____
	\$ _____

SECTION 5
BENEFICIARY'S LIABILITIES

<u>Description</u>	<u>Balance</u>
<i>Home Mortgage/Rent</i>	\$ _____
<i>Loans against Life Insurance</i>	\$ _____
<i>Automobile Loans</i>	\$ _____
<i>Credit Card Debt</i>	\$ _____
<i>Miscellaneous Loans (Notes)</i>	\$ _____
	\$ _____
	\$ _____
	\$ _____
	Total \$ _____

BENEFICIARY'S INCOME

<u>Description</u>	<u>Balance</u>
<i>SSI</i>	\$ _____
<i>Disability Insurance</i>	\$ _____
<i>Other</i>	\$ _____
<i>Other</i>	\$ _____
	Total \$ _____

SECTION 6

TRUSTED PEOPLE AND ENTITIES

A. FAMILY ADVISORS:

<u>Advisor</u>	<u>Name</u>	<u>Phone</u>
<i>Personal Attorney</i>	_____	_____
<i>Accountant</i>	_____	_____
<i>Financial Advisor</i>	_____	_____
<i>Life Insurance Agent</i>	_____	_____
<i>Care Manager</i>	_____	_____
<i>Caregiver</i>	_____	_____
_____	_____	_____
_____	_____	_____

B. OTHER TRUSTED PEOPLE AND ENTITIES:

SECTION 7

TRUST TERMINATION PROVISIONS

A. DISTRIBUTION UPON DEATH: Please note the Payback provision to State Medicaid Office first, then if there is any money left it would be distributed as outlined below.

How do you want the remainder of the trust assets to be distributed upon the beneficiary’s death (answer this even if the above option was selected, in case the beneficiary doesn’t decide): (select only one)

[] Divide in equal shares for your children (a deceased child’s share would be similarly divided)

[] Divide into shares (percent or fraction) among named people or charities:

<u>Share</u>	<u>Person or Charity</u>
_____	_____
_____	_____
_____	_____
_____	_____

OTHER ITEMS TO INCLUDE OR DISCUSS

Obviously, the SNT should address all your hopes, fears, and wishes for the beneficiary. Please list any other items you want included in the trust or that you want to discuss.

Signature