

**SPECIAL NEEDS PLANNING
CONFIDENTIAL CONSULTATION WORKSHEET**

STEP 1. SIMPLE BACKGROUND INFORMATION

The facts you provide in this section will ensure that we have accurate information about the proposed beneficiary and the person(s) with whom we will have primary contact.

	Date	
Your Full Name:		
Date of Birth:		Social Security Number:
Home Phone:		Cell Phone:
Your Employer (if employed):		
Best Contact E-Mail Address:		
Your Address:		
City, State and Zip Code:		
Relationship to Person with Special Needs:		

PERSONAL DATA OF PERSON WITH A DISABILITY

Full Legal Name:	
Also Known As:	
Date of Birth:	Social Security Number:
Home Phone:	Cell Phone:
Employer (if employed):	
Best Contact E-Mail Address:	
Residential Address:	
City, State and Zip Code:	
Mailing Address (if different):	
City, State and Zip Code:	
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO Citizen of	
Veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Marital Status:	Date of Marriage (if applicable):

Do you expect the person to remain in the state where he or she is living currently? If not, where do you expect the person might move?
Does the person with a disability have a living parent or grandparent?

Name:	Relationship:	Address:	Phone Number:

Please provide names and phone numbers of siblings, spouse, and children of person with a disability.

Name:	Relationship:	Phone Number:

Has a legal guardian or conservator of the person with disabilities been appointed by a court?	
If so, who?	Relationship:
Address:	City/State/Zip Code:
Phone number:	

STEP 2. PLANNING GOALS AND OBJECTIVES

Please check the appropriate boxes for areas about which you want to learn more. Are your goals protecting your beneficiary with special needs:

- From predators who can access inheritance amounts and target young or vulnerable beneficiaries?
- From claims of divorced spouses to have half of your child or beneficiary's inheritance?
- From creditor claims (such as car accident plaintiffs)?
- From financial immaturity resulting in a quick loss of the entire inheritance?
- From sharing assets with heirs you would rather disinherit?
- From neglect in the government care system?
- From losing assets that are protected from government seizure while retaining eligibility for needed services?
- By providing guidelines for how your child should be supported while his or her assets are in trust?
- By providing instructions, people, and assets to support your beneficiary with special needs above a poverty lifestyle?
- From inadvertently receiving an inheritance that disqualifies the person from governmental assistance?

STEP 3. MEDICAL DATA

The information you provide in this section will allow us to identify specialized planning needs and customize the person's Special Needs Trust to ensure that the trust permits distributions that are most likely to improve the person's quality of life.

Disabling condition(s)
Please describe the disability, including what the person is able to do and unable to do. Please explain both the mental and physical condition.
What activities does the beneficiary currently engage in that enhance his/her quality of life, or improve his or her condition? (e.g., Special Olympics, camp, classes)
Can the person work? Please explain.
Can the person drive? If not, what are his/her transportation needs?
Describe ability to live independently, and current and projected living arrangements.

STEP 4. GOVERNMENTAL ASSISTANCE

A Special Needs Trust is needed only to protect eligibility for certain types of governmental benefits. The information you provide in this section will help us ensure that Special Needs planning is appropriate for the person with disabilities.

Which of the following benefits, in what amounts, does the beneficiary receive?

SSI (Supplement Security Income)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future: Amount:
SSDI (Social Security Disability)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future: Amount:
Expanded Medi-Cal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future:
Traditional Medi-Cal	<input type="checkbox"/> Yes <input type="checkbox"/> No Share of cost:
Medi-Cal Working Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future:
Medi-Cal In-Home Waiver	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future:
In-Home Supportive Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future:
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future:
Housing Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future:
Section 8 Subsidies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future:

Affordable Housing Program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future:
Regional Center Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future:
Supportive Living/Independent Services	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future:
Other benefits? (e.g., TANF, food stamps, amounts of public benefits received by beneficiary's spouse, if any)	
Did the person with disabilities receive any public aid or assistance before turning 18?	
If so, what kind of assistance did the person receive?	
If your beneficiary is a Regional Center client, please provide contact information for his/her local Regional Center office and his current case worker and describe the benefits currently received from the Regional Center:	
If not receiving Medi-Cal, how are your beneficiary's medical expenses being met?	

STEP 5. APPOINTMENTS—PEOPLE TO ASSIST YOU

Critical to an estate plan is appointment of persons to act when you cannot. Appointees have titles, depending on their roles.

Successor trustees: A parent can serve as initial trustee of a special needs trust, but who will manage assets when he/she is unable to do so?

Successor Trustees	Name	Phone Number	Address	E-mail
First Choice				
Second Choice				
Third Choice				
Fourth Choice				

Advisory Committee or Care Manager/Advocate: Trust Advisory Committee (TAC) members advise successor trustees about your beneficiary's changing needs. Family members sometimes make excellent TAC members.

Provide names and contact information for those who will serve on the Trust Advisory Committee (TAC)

Committee Care Manager	Name	Phone Number	Address	E-mail
First Choice				
Second Choice				
Third Choice				
Fourth Choice				

As an alternative to a TAC, you may authorize your successor trustee to hire an advocate or care manager, someone to recommend distributions for needs not covered or not fully covered by public benefits, including, for instance, supplemental medical and therapeutic care, education, living arrangements, attendant care, transportation, and other support services, as the need arises. A care manager or advisor is typically a licensed clinical social worker or other similarly qualified professional.

If you prefer this option and have a particular person or persons in mind, list them here.

Alternative Member	Name	Phone Number	Address	E-mail
First Choice				
Second Choice				

STEP 6. SPECIAL INSTRUCTIONS

<p>CHANGE IN CIRCUMSTANCES. Your beneficiary's inheritance will remain in the Special Needs Trust for the beneficiary's entire life unless you provide for circumstances under which a full or partial distribution may be made.</p>
<p>RESIDENTIAL INSTRUCTIONS. What instructions would you like to provide regarding your beneficiary's residence? Are certain options unacceptable (such as a public facility)? Would you prefer for the beneficiary to be a homeowner someday? Would you like a caregiver to live in the home with the beneficiary?</p>
<p>SOCIAL OPPORTUNITIES. What social opportunities would you like to provide to your beneficiary (<i>e.g.</i>, concerts, plays, movies, religious gatherings, support groups)?</p>
<p>OTHER INTERESTS/GOALS. What other interests (<i>e.g.</i>, music, artistic, literary) or goals does your beneficiary have that you wish to support?</p>

DISTRIBUTION OF ANY REMAINDER IN THE SPECIAL NEEDS TRUST. When the trust terminates, who will receive the funds? Please provide specific legal names of family members and answer the questions below.

<input type="checkbox"/> All to the beneficiary's issue or, if none, then equally between the beneficiary's siblings or their issue who survive them. Please provide the name of each such person currently living and his or her relationship to you.	
<input type="checkbox"/> Equally between the beneficiary's siblings, or their descendants, then remote contingent beneficiaries.	
<input type="checkbox"/> All to beneficiary's descendants, then to	
<input type="checkbox"/> Person with disabilities decides by power of appointment	
Are any of these people minors (under age 18)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all of these people in good health?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of these people blind or disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any receive SSI or other government benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any have alcoholism or drug addiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any have trouble managing their money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of these questions, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your beneficiary own a cemetery lot or has he/she prepaid any funeral or burial expense? Describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No

STEP 7. ASSETS OF THE PERSON WITH A DISABILITY

Please indicate if the beneficiary has an interest in any of the following and, if so, the approximate value of that interest.

Assets	Owned Individually	Owned Jointly	Approximate Value
RESIDENCE	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER REAL ESTATE	<input type="checkbox"/>	<input type="checkbox"/>	
CHECKING ACCOUNT	<input type="checkbox"/>	<input type="checkbox"/>	
SAVINGS ACCOUNT	<input type="checkbox"/>	<input type="checkbox"/>	

Assets	Owned Individually	Owned Jointly	Approximate Value
MONEY MARKET ACCOUNT	<input type="checkbox"/>	<input type="checkbox"/>	
CERTIFICATES OF DEPOSIT	<input type="checkbox"/>	<input type="checkbox"/>	
MUTUAL FUNDS	<input type="checkbox"/>	<input type="checkbox"/>	
STOCKS	<input type="checkbox"/>	<input type="checkbox"/>	
BONDS	<input type="checkbox"/>	<input type="checkbox"/>	
RETIREMENT ACCOUNTS (IRA, 401(k), SEP, SIMPLE, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>	
CASH VALUE— LIFE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	
ANNUITIES	<input type="checkbox"/>	<input type="checkbox"/>	
CLOSELY HELD BUSINESS	<input type="checkbox"/>	<input type="checkbox"/>	
NURSING HOME DEPOSIT	<input type="checkbox"/>	<input type="checkbox"/>	
PERSONAL HOUSEHOLD GOODS	<input type="checkbox"/>	<input type="checkbox"/>	
AUTOMOBILES	<input type="checkbox"/>	<input type="checkbox"/>	
BOATS, CANOES & TRAILERS	<input type="checkbox"/>	<input type="checkbox"/>	
ASSETS IN SAFE DEPOSIT BOX	<input type="checkbox"/>	<input type="checkbox"/>	
529 PLAN ACCOUNTS	<input type="checkbox"/>	<input type="checkbox"/>	
UNIFORM TRANSFER TO MINOR ACT ACCOUNTS	<input type="checkbox"/>	<input type="checkbox"/>	
ABLE ACT ACCOUNTS	<input type="checkbox"/>	<input type="checkbox"/>	
TOTALS			

STEP 8. FUNDING OF THE SPECIAL NEEDS TRUST

How and when will the special needs trust be funded (*i.e.*, when will assets be transferred into the trust)?

How much money is being used to fund the trust?

If to be funded by gift or inheritance:

Name of Person(s) Making Gift or Leaving Inheritance:	Date of Death (if deceased)	Social Security Number

If the trust will be funded by life insurance:

Name of Insurance Company	Type (term, whole life, universal)	Death Benefit Value	Face Value	Cash Value*	Owner	Insured	Beneficiary (Primary & Secondary)

ANY OTHER QUESTIONS OR CONCERNS?