

## Special Needs Planning Supplement to Estate Planning Questionnaire

This form is designed to help me gain information from parents who are planning for their son or daughter of any age with a disability.

### I. General Information

Child's name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

County of Residence \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Please briefly describe your child's disability: \_\_\_\_\_

\_\_\_\_\_

Please list current medications: \_\_\_\_\_

\_\_\_\_\_

Physician's names, specialties, addresses, and phone numbers: \_\_\_\_\_

\_\_\_\_\_

Age of onset or diagnosis of disability: \_\_\_\_\_

**II. Description of Services Child Receives**

A. Type	Provider	Contact Person	Phone
Education/School	_____	_____	_____
Residential Services			
Day/Employment	_____	_____	_____
Service Coordination/ Case Management	_____	_____	_____
Other (specify)	_____	_____	_____

B. Are there any applications for benefits pending or is your child on a waiting list for any service(s)? If so, please specify the type of benefit and the date of application. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. If your child is a minor, does any person other than a parent (including the child) regularly contribute toward the child's cost of care or payment for any benefits? If so, please provide the name of the contributor, the relationship to the child, and the amount of the contributions. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. If your child is over 18 years of age, does the child, parent, or any other person contribute toward the child's cost of care or payment for any benefits? If so, please provide the name of the contributor, the relationship to the child, and the amount of the contributions. \_\_\_\_\_  
\_\_\_\_\_

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### III. Health Insurance

Does your child receive Medicaid? \_\_\_\_\_ yes \_\_\_\_\_ no  
 Does your child receive Medicare? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If yes, please indicate on whose work record it is based \_\_\_\_\_  
 Does your child have private health insurance? \_\_\_\_\_ yes \_\_\_\_\_ no  
 If yes: Name of health insurance company? \_\_\_\_\_  
 Type of policy? \_\_\_\_\_  
 Monthly insurance premium? \_\_\_\_\_  
 Who pays insurance premium? \_\_\_\_\_

### IV. Child's Income (Include public benefits)

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### V. Child's Assets (Include all assets owned individually or jointly by your child)

A. Accounts (checking, savings, CDs, money markets, brokerage, retirement, and custodial accounts)

Account Type	Owner(s)	Institution	Account Number	Value	Payable on Death Designation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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## B. Real Estate

Address	Fair Market		Owner(s)
	Value	Mortgage	

## C. Life Insurance

Company	Policy Number	Type of Policy	Person Insured	Beneficiary	Cash Value	Death Benefit

## D. Annuities

Type of Annuity	Annuitant	Owner(s)	Beneficiary	Value	Monthly Payment (if applicable)

## E. Automobiles

Make/Year/Model	Owner(s)	Fair Market Value	Outstanding Loan Amount

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F. Other Assets

Type	Owners(s)	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VI. Child's Trusts**

Please list all trusts in which your child is a grantor (creator) or beneficiary. Please bring copies of all trust agreements to the initial consultation.

Grantor	Beneficiary	Revocable or Irrevocable	Date of Agreement	Value of Principal	Current Distributions
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**VII. Child's Monthly Residential Expenses (Exclude covered health care expenses)**

Rent or Mortgage Amount: \_\_\_\_\_ Paid to Whom: \_\_\_\_\_  
 Utilities (average): \_\_\_\_\_ Condo Fee: \_\_\_\_\_  
 Personal Assistance: \_\_\_\_\_

**VIII. Child's Debts**

Type of Obligation	Creditor	Amount of Obligation
_____	_____	_____
_____	_____	_____

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**IX. Child's Gifts**

Please indicate whether your child has transferred or given away any assets in the past five years (including personal injury awards, inheritance, public benefits, etc.).

Date	Amount	Recipient(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**X. Health Care and Financial Decision Making**

A. Does your child currently handle his or her own finances and make financial decisions independently? If not, who helps to make those decisions? Please describe the type of help provided. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Does your child currently make his or her own health care decisions independently? If not, who helps make those decisions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Does your child have any of the following legal documents:

Last Will and Testament? \_\_\_\_\_ yes \_\_\_\_\_ no.

Date executed: \_\_\_\_\_

Codicil? \_\_\_\_\_ yes \_\_\_\_\_ no.

Date executed: \_\_\_\_\_

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Durable Power of Attorney (Financial)? \_\_\_\_\_ yes \_\_\_\_\_ no.

Date executed: \_\_\_\_\_

Health Care Power of Attorney? \_\_\_\_\_ yes \_\_\_\_\_ no.

Date executed: \_\_\_\_\_

Living Will? \_\_\_\_\_ yes \_\_\_\_\_ no.

Date executed: \_\_\_\_\_

D. If your child is not a minor, has a guardian of his or her person been appointed by a court? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, please provide the date of appointment, jurisdiction of appointment, and name of person appointed guardian: \_\_\_\_\_  
\_\_\_\_\_

E. If your child is not a minor, has a guardian of his or her property been appointed by a court? \_\_\_\_\_ yes \_\_\_\_\_ no. If yes, please provide the date of appointment, jurisdiction of appointment, and name of person appointed guardian: \_\_\_\_\_  
\_\_\_\_\_

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