

SPECIAL NEEDS BENEFICIARY INTAKE FORM

SPECIAL NEEDS BENEFICIARY INFORMATION

1. Name

Relationship of the special needs beneficiary to the creator of trust
e.g. "my son" "my daughter"

2. Gender

Male

Female

3. Address of Special Needs Beneficiary

Street

City, State Zip

County

Date of Birth

Phone

Social Security No.

4. Has a conservator, guardian or guardian been appointed?

YES _____ NO _____

If yes, please attach a copy of Court Order.

PUBLIC BENEFITS

1. Is the special needs beneficiary or **anyone** in the beneficiary’s household or immediate family receiving public benefits? YES _____ NO _____.

If yes, what public benefits? _____

2. Is the claimant eligible for Medicare? YES _____ NO _____

If yes, since when? _____

If the special needs beneficiary is not eligible for Medicare, has he or she filed for Social Security Disability (SSDI)? YES _____ NO _____. If YES, specify date first received SSDI. _____

3. What public benefits is the claimant receiving? (Please list all public benefits; i.e., Medicaid, special waiver programs, SSI, SSDI, Food Stamps, TANF Medicare, etc. and attach Medicaid Card) _____

_____.

4. Is the Claimant currently residing in government subsidized housing?

YES _____ NO _____.

5. Is it likely claimant will require public benefits assistance in the future?

YES _____ NO _____

6. Does the claimant have any other income? YES _____ NO _____

If yes, from what source? _____

7. Does the claimant have any other assets? YES _____ NO _____

If yes, please identify? _____

8. Has someone made an application for public benefits that is still pending?

YES _____ NO _____

INITIAL TRUSTEE INFORMATION

First Initial Trustee

List only if an initial Trustee, you will be asked to enter successor Trustees later in the interview

- 1. Name(s) and address of Initial Trustee(s) [1]

Successor Trustee Succession

Upon the incapacity or death of the initial trustee, list the successor Trustee(s) in the order they are to serve:

- 2. Name and Address of Successor Trustee(s)

If Trustees are to serve joint, list them on one line (e.g., Cindy Client and Friendly State Bank and Trust, jointly.)

3. Do you want to appoint a Trust Advisory Committee to assist the trustee with life decisions with the beneficiary. Advisory committee is can be comprised of family members, social worker, and health care professionals. YES _____ NO _____

List committee members or professionals who you want to be part of the committee.

INFORMATION ON THE BENEFICIARY'S CONDITION

- Autism
- Cerebral Palsy
- Down Syndrome
- Fragile X Syndrome
- Multiple Sclerosis
- Other (not all choices have been listed): _____

Description:

RESIDENTIAL INFORMATION

1. Select one of the following residential living situations as a stated preference for the Special Needs Beneficiary:

- Own Private Residence with assistance
- Residence of a Named Individual with assistance
- Group Home
- Private Facility

2. Do you wish to specify the group homes?

YES _____ NO _____

3. Do you wish to specify the care facilities or institutions.

YES _____ NO _____

UNACCEPTABLE RESIDENTIAL OPTIONS

1. Check any residential situations that are unacceptable:

- Group Home
- Public Institution
- Public Care Facility
- None of the Above

SOCIAL ACTIVITIES

1. Do you want to include a section on supported social activities?

YES _____ NO _____

2. Check which social activities you want specified:

participating in Special Olympics

participating in sporting activities

attending sporting events

participating in cultural activities

attending cultural events

Other : _____

3. Include a section in the supported social activities?

YES _____ NO _____

FAMILY ACTIVITIES

1. Do you want to include a provision to maintain contact with family members?

YES _____ NO _____

2. Do you want to include a provision authorizing the Trustee to purchase gifts to acknowledge events of other family members for birthdays, holidays, etc?

YES _____ NO _____

3. Maximum amount of gift (if you don't want a maximum amount, enter 0):

RESIDENTIAL NEEDS PROVISIONS

1. Include a provision authorizing the Trustee to acquire and maintain a residence for the residential needs of the beneficiary?

YES _____ NO _____

2. Include a provision granting the Trustee the discretion to charge rent or let the beneficiary live rent free?

YES _____ NO _____

DISTRIBUTION UPON DEATH

If the Special Needs Beneficiary should pass away before the complete distribution of the trust, the balance of the trust property shall be distributed as follows:

CERTIFICATION

NO ATTORNEY CLIENT RELATIONSHIP IS CREATED UNTIL A FEE AGREEMENT IS SIGNED BY THE CLIENT:

The undersigned hereby represents to the LAW OFFICES OF BRADLEY J. FRIGON, and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Claimant or Claimant's Representative:

DATE: _____