

SPECIAL NEEDS PLANNING INTAKE

Law Offices of Bradley J. Frigon, LLC

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL. WE WILL GO THROUGH THIS FORM WITH YOU AT OUR FIRST MEETING. IT IS OK NOT TO ANSWER ALL OF THE QUESTIONS PRIOR TO OUR FIRST CONFERENCE. IF YOU HAVE ANY QUESTIONS OR IF YOU ARE UNSURE HOW TO COMPLETE ANY PART OF THE WORKSHEET, YOU MAY CALL OUR OFFICE WITH YOUR QUESTIONS OR SIMPLY BRING IN THE UNCOMPLETED WORKSHEET AND WE WILL BE HAPPY TO HELP YOU.

YOUR CONTACT INFORMATION

Name: _____

Address: _____

Mailing Address: (if different from above)

Home phone: _____ Work phone: _____

Cell phone: _____ Fax: _____

Email: _____

Preferred way to contact? _____

This information is extremely important. Your accuracy and completeness in completing this form will assist in our analysis of your case.

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: _____

County: _____

Phone #: _____

Date of Birth: _____

Social Security No.: _____

4. Has a conservator, guardian or guardian been appointed? YES ____ NO ____

If yes, please attach a copy of Court Order.

5. List primary care providers, physicians, therapists, close family members and friends, etc.

6. Regular routines in schedule (e.g., daily schedule of getting ready for school, weekly appointments).

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 special needs beneficiary 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. Attach a copy of 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 jointly, 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 _____

4. The location of the living situation you prefer, and type of physical and natural environment, if that is important.

5. The qualities of the living arrangement (e.g., non-smoking home, adhere to a certain religion, only allows certain types of disabilities).

6. 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. Name the type of school or day program setting expected.

4. List the name of day programs, sports programs, habilitation programs or other programs and activities in which he/she regularly participates.

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 _____

GENERAL INFORMATION:

1. Services

- a. List the type of services, therapies or medical interventions that are needed, or may be needed (e.g., job training, speech therapy, behavioral evaluations).

- b. Describe routine medical care (e.g., regular check up schedule, annual eye examination, etc.) and the names and locations of preferred medical professionals.

- c. Provide a copy of the summary page for any health insurance that he/she is currently covered under. Make a copy of the insurance card and attach it to this form.

2. Personal Preferences

- a. Describe grooming preferences (e.g., type and color of clothes, hair style, and preferred toilet articles).

- b. Describe his/her likes and dislikes about food, chores and other routine daily activities.

- c. List his/her favorite personal items (e.g., personal radio, certain furniture, personal pet, etc.).

- d. Describe personal habits that would be important for someone else to know about.

- e. List all friends and relatives, their addresses and how often he/she likes to visit these people.

- f. List his/her favorite recreation and other leisure activities and the level of independence in these activities. Include how often he/she likes to participate in these activities.

- g. Describe any religious preferences and how often he/she participates in religious activities.

3. Abilities

- a. Describe his/her level of independence for getting around the community (e.g., ability to ride public transportation, independence in shopping, ability to go out alone).

- b. Describe his/her ability to handle money (e.g., making change, independence in purchasing items).

- c. Describe his/her abilities in reading, writing, communicating and understanding what others may tell him/her. If he/she does not use verbal communication, note how he/she communicates desires or replies to others.

d. Describe any aspects of his/her disability that you feel are particularly important to be aware of (e.g., needs a structured environment, must be kept from food, does not like loud noises).

4. List the name, address and relationship to him/her of the person or persons that you want to manage and control the money and property left for his/her benefit.

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:*
