

LAW OFFICE OF STEPHANIE L. SCHNEIDER, P.A.
QUESTIONNAIRE FOR CREATING A SPECIAL NEEDS TRUST FOR
A PERSON WITH DISABILITIES

THE GOAL OF A SPECIAL NEEDS TRUST IS TO PROVIDE A MANAGEMENT SYSTEM FOR AN INHERITANCE OR, SETTLEMENT PROCEEDS THAT A PERSON WITH DISABILITIES WILL RECEIVE, SO AS TO ENABLE THAT PERSON TO BE ENTITLED TO GOVERNMENT BENEFITS AND HAVE IMPROVED QUALITY OF LIFE.

I. ASSETS TO FUND THE SPECIAL NEEDS TRUST

1. What is the source of the assets that will fund the special needs trust? _____

2. What is the value of the assets that will fund the special needs trust? _____

3. What are the types of assets that will fund the special needs trust (i.e. life insurance; annuity; cash; investments)? _____

4. What is the location of the assets that will fund the special needs trust? _____

II. INFORMATION ABOUT THE TRUST BENEFICIARY

5. Name and address of the person with disabilities: _____

6. Date of birth: _____
7. Is the person a United States citizen? Yes _____ No _____
8. Will the trust beneficiary relocate to a different state during the trust administration? If yes, please identify the state: _____
9. Identify all government assistance programs that provide benefits to the person with disabilities (i.e. Medicaid; SSI; Food Stamps; HUD housing): _____

10. Please explain in detail the nature of the diagnosis, the disability, and the special needs of the individual: _____

SPECIAL NEEDS TRUST PLANNING QUESTIONNAIRE

11. Identify the highest level of education completed by the individual: _____

12. Describe the vocational or rehabilitative training provided to the individual: _____

III. TRUSTEE OF THE SPECIAL NEEDS TRUST

13. Would you like us to provide you with information about corporate trustees who have experience administering special needs trusts? Yes _____ No _____

14. Who would you like to serve as the trustee (this person will oversee the investment and administration of the trust assets as well as make distribution pursuant to the trust)?

Name: _____.
Address: _____
Telephone: Home _____ Work _____ Cell _____

Name: _____.
Address: _____
Telephone: Home _____ Work _____ Cell _____

15. Who should be the successor trustee if the primary trustee becomes ill or dies?

Name: _____.
Address: _____
Telephone: Home _____ Work _____ Cell _____

16. Do you wish to name a second successor trustee?

Name: _____.
Address: _____
Telephone: Home _____ Work _____ Cell _____

IV. ADMINISTRATION OF THE SPECIAL NEEDS TRUST

17. Do you want the person with disabilities to live in their own house? Yes ___ No ___

18. Do you want the person with disabilities to live in a supervised residential environment?
Yes _____ No _____

SPECIAL NEEDS TRUST PLANNING QUESTIONNAIRE

19. Do you want the person with disabilities to live with the trustee or, a relative in a home owned by the trust or by the person with disabilities? Yes ___ No ___

If yes, must the trustee or, relative pay rent? Yes ___ If so how much? _____ No _____
Do you want the trustee or relative to contribute toward household expenses (i.e. food, utilities, tv, new appliances, taxes, repairs)? Yes ___ No ___ In what amount or percentage?

20. Do you want the person with disabilities to live with the trustee or, a relative in a home owned by the trustee or relative? Yes ___ No ___

If yes, do you want the person with disabilities to pay rent? Yes ___ If so how much? _____
No _____
Do you want the trust to contribute toward household expenses (i.e. food, utilities, tv, new appliances, taxes, repairs)? Yes ___ No ___ In what amount or percentage? _____

If yes, specify: _____

21. Do you want to compensate the trustee for his/her time? Yes ___ No ___
If yes, how would you like to compensate the trustee (i.e. hourly; percentage)?

Do you want to provide for a yearly cost of living adjustment? Yes ___ No ___

22. Do you want to compensate the trustee for caregiver type of services? Yes ___ No ___
If yes, how would you like to compensate the caregiver? _____

Do you want to provide for a yearly cost of living adjustment? Yes ___ No ___

23. Do you want to compensate a relative who provides caregiver services to the trust beneficiary? Yes _____ No _____
If yes, how would you like to compensate the caregiver? _____

Do you want to provide for a yearly cost of living adjustment? Yes ___ No ___

24. Do you want to name a 'trust protector' to watch over the trustee? The trust protector can be given authority to review distribution requests (and assist in resolving any disagreement between the trustee and the beneficiary), to remove the trustee, and to review the annual accountings. _____

SPECIAL NEEDS TRUST PLANNING QUESTIONNAIRE

25. Do you want to create a trust committee to whom the trustee can turn to for advice, and to vote on requests for distribution that may be over a certain sum? Yes ___ No ___ If yes, who should serve on the committee: _____

26. If the person with disabilities is living with a relative or guardian who is not the trustee and the caregiver gets a divorce, should any conditions of the trust change? _____

27. When the person with disabilities dies or if he/she must be relocated to live in a facility what is to happen to the contents of the home owned by the trust or by the beneficiary?

V. REMAINDER BENEFICIARIES

28. In the event the special needs trust beneficiary dies before all trust assets have been used, who would you like to receive the remainder after repayment of the Medicaid lien:

Name\Age	_____	_____
Rel. to Grantor	_____	_____
Address	_____	_____
Phone #	_____	_____
Adopted/Half-blood Percentage	_____	_____

Name\Age	_____	_____
Rel. to Grantor	_____	_____
Address	_____	_____
Phone #	_____	_____
Adopted/Half-blood Percentage	_____	_____

29. Are any of the residuary trust beneficiaries receiving (or have applied for) public assistance from the government?
Yes _____ No _____

If yes, identify the beneficiary, the government program (i.e. Medicaid; Supplemental Security Income (SSI); Social Security Disability Income (SSDI); food stamps; HUD housing), and type of benefits received:

Name of Beneficiary	_____	_____
Govt. Program	_____	_____

SPECIAL NEEDS TRUST PLANNING QUESTIONNAIRE

Date Benefits Began _____
Application pending? _____

Name of Beneficiary _____
Govt. Program _____
Date Benefits Began _____
Application pending? _____

VI. PROFESSIONAL ADVISORS

Please provide us with the contact information for those professional advisors with whom you will be working relative to the special needs trust:

Accountant: _____

Financial Advisor: _____

Attorney: _____

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Print Name: _____
Date: _____