PERSON(S) CREATING THE TRUST

Full Legal Name _____

Also Known As _____
(other names used to title property and accounts)

Age_____ Birth Date_____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State ____ Zip _____

E-mail Address _____ ❑ It is okay to communicate with me via my E-mail address.

❑ Married: Date of Marriage _____ ❑ Divorced ❑ Widowed ❑ Single

Spouse's Full Legal Name _____

Also Known As _____
(other names used to title property and accounts)

Age_____ Birth Date_____ Social Security Number _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Business Telephone _____

Employer _____ Position _____

Business Address _____ City _____ State ____ Zip _____

E-mail Address _____ ❑ It is okay to communicate with me via my E-mail address.

BENEFICIARY INFORMATION

Relationship to the person the trust is being created for?

_____

Beneficiary's Legal Name

_____

Also Known As _____
(other names used to title property and accounts)

Age_____ Birth Date_____ Social Security Number_____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ U.S. Citizen? _____

E-mail Address _____ ❑ It is okay to communicate via E-mail address.

Type of Residence (e.g., group home, apartment, facility, home

_____

Beneficiary's Marital Status:

❑ Married: Date of Marriage _____ ❑ Divorced ❑ Widowed ❑ Single

Beneficiary's Spouse's Legal Name

_____

UNDERLYING DISABILITY

DESCRIBE THE DISABILITY:

_____

_____

_____

_____

WAS ONSET OF DISABILITY PRIOR TO AGE 22? _____ YES _____ NO

IS BENEFICIARY COMPETENT TO HANDLE FUNDS? _____ YES _____ NO

CAN BENEFICIARY HANDLE FUNDS WITH ASSISTANCE? _____ YES _____NO

IS BENEFICIARY UNDER A CONSERVATORSHIP? _____ YES _____ NO

DOES BENEFICARY REQUIRE SUPERVISION? _____ YES _____ NO

IS THE BENEFICIARY DEVELOPMENTALLY DISABLED? _____ YES _____ NO

IF "YES", PLEASE ANSWER THE FOLLOWING QUESTIONS:

RECEIVING REGIONAL CENTER ASSISTANCE? _____

IF YES, PLEASE DESCRIBE (RESIDENTIAL, NURSING CARE, RESPITE CARE, ECT.)

_____

_____

WHAT IS THE BENEFICIARY'S CURRENT LIVING SITUATION? (HOME, GROUP HOME, INDEPENDENT, ETC.)?

_____

_____

_____

BENEFITS

NEEDS BASED BENEFITS

FINANCIAL

	Yes	No	Future	Amount
(SSI) Supplemental Security Income	_____	_____	_____	_____
(I.H.S.S.) In Home Support Services	_____	_____	_____	_____
(TANF) Temporary Aid to Needy Families	_____	_____	_____	_____
(H.U.D.) Section 8 Housing	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

MEDICAL

Medicaid	_____	_____	_____	_____
Other	_____	_____	_____	_____

BENEFITS BASED ON ENTITLEMENT

FINANCIAL

	Yes	No	Future	Amount
(SSDI) Disability Insurance	_____	_____	_____	_____
(SSA) for child whose disability began prior to age 22	_____	_____	_____	_____
Department of Rehabilitation	_____	_____	_____	_____
Other	_____	_____	_____	_____

BENEFITS BASED ON ENTITLEMENT

MEDICAL

	Yes	No	Future	Amount
Medicare	_____	_____	_____	_____
Other	_____	_____	_____	_____
Private Health Insurance	_____	_____	_____	_____

Name of Private Health Insurance Company _____

LIST OF ASSETS OWNED BY THE BENEFICIARY

(PLEASE LIST FAIR MARKET VALUE AND OWNERSHIP)

REAL PROPERTY: (ADDRESS)	VALUE
_____	$_____
_____	$_____
_____	$_____

AUTOMOBILES: (YEAR AND MAKE)	VALUE
_____	$_____
_____	$_____
_____	$_____

SAVINGS AND CHECKING ACCOUNTS	VALUE
_____	$_____
_____	$_____
_____	$_____

CERTIFICATES OF DEPOSIT/MUTUAL FUNDS/ MONEY MARKETS	VALUE
_____	$_____
_____	$_____
_____	$_____

STOCKS OR BONDS	VALUE
_____	$_____
_____	$_____
_____	$_____

VALUABLE PERSONAL PROPERTY	VALUE
_____	$_____
_____	$_____
_____	$_____

OTHER MISCELLANEOUS ITEMS	VALUE
_____	$_____
_____	$_____
_____	$_____

INSURANCE OWNED BY THE BENEFICIARY OR NAMING THE BENEFICARY AS RECIPIENT UPON DEATH

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

_____

_____

_____

_____

_____

_____

_____

_____

Total _____

RETIREMENT BENEFITS OWNED BY THE BENEFICIARY OR NAMING THE BENEFICIARY AS THE RECIPIENT UPON DEATH

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

_____

_____

_____

_____

_____

_____

Total _____

ANTICIPATED INHERITANCE, GIFTS FROM THIRD PARTIES, OR LAWSUIT JUDGMENTS

TYPE: Gifts or inheritances that your beneficiary expects to receive at some time in the future; or moneys that the beneficiary might receive. **Describe in appropriate detail.**

Description _____

_____

Total estimated value _____

OTHER ASSETS

TYPE: "Other assets" is any property that your beneficiary has that does not fit into any listed category.

Type	Owner	Value
	Total	

LIST OF LIABILITIES

	AMOUNT
HOME MORTGAGE	$_____
NOTES:	$_____
LOANS AGAINST LIFE INSURANCE	$_____
OTHER OBLIGATIONS (please list)	
_____	$_____
_____	$_____
_____	$_____

FAMILY ADVISORS

	Name	Telephone
Personal Attorney	_____	_____
Accountant	_____	_____
Financial Advisor	_____	_____
Life Insurance Agent	_____	
Social Service Agency	_____	_____

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you (or your spouse) receiving social security, disability, or other governmental benefits? *Describe* _____		
Do you or your spouse have a Revocable Living Trust?		
Do you (or your spouse) own real estate in Virginia?		
Are there likely to be other family or friends who might leave a gift or inheritance to the beneficiary?		
Does the beneficiary have a representative payee for Social Security benefits? *If so, who is the representative payee?*_____		
Does the beneficiary have a Gift or Uniform Transfer to Minors Account? If so, how much is in the account? *Describe:*_____		
Do you support any charitable or disability organizations now that you wish to make provisions for? *If so, please explain below.*		
Are there any other charitable organizations you wish to make provisions for at the time of your death? *If so, please explain below.*		
Has the beneficiary ever abused drugs or alcohol?		
Does the beneficiary have special educational needs?		
Does the beneficiary have special medical or physical needs?		
Does the beneficiary have special vocational needs?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

_____

_____

_____

PLANNING OBJECTIVES

PLEASE DESCRIBE YOUR PLANNING OBJECTIVES TO ASSIST THE BENEFICIARY IN THE FOLLOWING AREAS. PLEASE KEEP IN MIND THAT A SPECIAL NEEDS TRUST BY ITS VERY NATURE PLACES ALL DISCRETION IN THE HANDS OF THE TRUSTEE, ADVISORY COMMITTEE, OR CARE MANAGER. WE BELIEVE IT IS VERY IMPORTANT THAT THE TRUSTEE IS PROVIDED WITH VERY SPECIFIC INFORMATION ABOUT YOUR OVERALL INTENT.

Residential

Select one of the following residential living situations as your stated preference

( ) **Own Private Residence with Assistance**

( ) **Authorize the Trustee to acquire and maintain a residence for the residential needs of the benficiary**

( ) **Residence of a Named Individual with assistance. Who?** _____

Additional Information

_____

_____

_____

( ) **Group Home**

( ) **Care Facility or Institution**

Would you like to specify a group home, care facility or provided? Yes / No

_____

_____

_____

Please indicate any Residential Situations that are unacceptable

( ) **Group Home**

( ) **Public Institution**

( ) **Public Care Facility**

( ) **All of the Above**

SOCIAL NEEDS

Do you want to include a section regarding supported social activities in the Special Needs Trust?

_____ Yes _____ No

What sort of activities do you wish to encourage the beneficiary to participate in?

- **[ ] Special Olympics**
- **[ ] Sporting activities**
- **[ ] Attending sporting events**
- **[ ] Attending cultural activities**
- **[ ] Participate in religious activities**

FAMILY

Do you want to include a section expressing your desire that your beneficiary maintaining contact with his or her family is a priority?

_____ Yes _____ No

What sorts of family expenditures are appropriate?

- **[ ] Purchase gifts to acknowledge events such as birthdays and holidays?**
- **[ ] Pay for beneficiary to travel to family events?**
- **[ ] Pay for family members to visit the beneficiary?**

_____

_____

_____

OTHER

_____

_____

_____

_____

_____

TRUSTED INVDIVIDUALS AND ENTITIES

We will work with you to determine the most appropriate trust management system that suits your beneficiary's unique needs. Accordingly, please list the names of individuals and entities you trust – those you believe can assist with the personal care of the beneficiary and assist in the financial decision making.

Our preference, if the facts and circumstances warrant, is to establish a check and balance system of personal and financial management with banks, special needs trust administrators, family, friends, financial advisors, care managers, and others to ensure the highest quality of care for the beneficiary.

Please list the persons or entities that you trust and indicate their strengths and weaknesses (1 = weaknesss, 3=strength)

Name	Relationship	Financial	Family	Advocay	Accounting	Spiritual
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3
		1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

HOW PROPERTY IS TO BE DISTRIBUTED UPON THE DEATH OF THE BENFICIARY

- ☐ Allow your beneficiary to decide. If you answer yes, who may leave the beneficiary leave his or her estate to:
- ☐ Beneficiary's descendents
- ☐ Beneficiary's spouse
- ☐ Your descendants
- ☐ Charities
- ☐ Religious Organizations
- ☐ No Restrictions

If the beneficiary is given the ability to decide where the remaining assets are distributed upon the beneficiary's death, it is wise to make a nominal gift to a person or charity.

Please list the person or charity:

_____ Amount of Gift; $ _____

_____

_____

- ☐ You decide.
- ☐ Divide equally between my/our children and the descendents of any deceased children:
- ☐ Divide among named individuals and/or charities:

Please list the named individuals and/or charities:

_____

_____

_____

OTHER ITEMS TO INCLUDE OR DISCUSS

Obviously your estate plan should address all your hopes, fears and wishes please list any other items you want included or want to discuss:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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