

Special Needs Planning Questionnaire
Beneficiary Information

(For use with Estate and Elder Planning Questionnaire)

Information supplied by: _____

This information is very important. Your accuracy and completeness in responding will help us to best represent you.

Note: Check if we are handling establishment of a guardianship or conservatorship for you:
Please complete and return our form “**Information Needed for Conservatorship Petition**” with this questionnaire.

Check if Disabled Person/Beneficiary is able to assist in this Special Needs Planning.

A. SPECIAL NEEDS BENEFICIARY/DISABLED PERSON

Full Name: _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail address _____

Age _____ Birth Date _____ Social Security No. _____

U.S. citizen? Yes No Veteran? Yes No
If not a U.S. citizen, is he/she a qualified alien? Yes No Don't Know

If Adult: Competent to sign documents, make decisions? Yes No Don't know.
 Married? Yes No Spouse's Name: _____
 Children? Yes No Number of children, ages: _____

Has the individual with special needs been determined to be “disabled?” If so, how was the determination made?

Social Security or state disability determination: Yes No Date: _____

Conservatorship established? Yes No Date: _____

Other: _____

Describe Disabling Condition, whether he/she is able to live independently: _____

Age at Onset of Disabling Condition: _____

Benefits being received now: SSI SSDI Medicaid/TennCare Medicare
 Medicaid Waiver/ Group Home VA Benefits (Describe) _____
 Other _____
 No Public Benefits
 Private/Group Health Insurance - Through Parent's coverage? Yes No
Name of Ins. Carrier: _____ Coverage termination date: _____

SSI or Social Security Disability application filed, but not yet approved? Yes No

If yes, program applied for and date of filing: _____

If not now on Medicare, is Disabled Person likely to be eligible for Medicare soon? Yes No
 Don't know. If yes, date eligibility expected: _____

CONSERVATORSHIP/GUARDIANSHIP NEEDED NOW? Yes No Don't know

EXISTING CONSERVATORSHIPS:

Is the Disabled Person now protected by a guardian or conservator? Yes No

Name of Guardian/Conservator(s) _____

Court, jurisdiction in which guardianship/guardianship is established: _____

Court File Number: _____ **Date established:** _____

PLEASE BRING COURT ORDERS, GUARDIANSHIP LETTERS AND RELATED PLEADINGS TO OUR MEETING.

B. FINANCIAL INFORMATION FOR DISABLED PERSON:

Is the primary purpose of our representation in connection with assets that are owned or being received by the Disabled Person or for estate/special needs planning by parent or other family member?

- Estate/special needs planning by parent or other family member.
- Special Needs Planning regarding Disabled Person's Assets
- Both

Income received by Disabled Person (Describe type, monthly amounts):

Social Security Benefits SSDI SSI SS (retirement) \$ _____
_____ \$ _____
_____ \$ _____
Regular/monthly gifts from others for living expenses? Yes No \$ _____
Donor(s): _____

Assets owned by Disabled Person:

Representative Payee Bank Account \$ _____
Other Bank accounts \$ _____ Joint with: _____
Other Accounts, Investments:
_____ \$ _____
_____ \$ _____

Please bring copies of any recent bank statements, brokerage statements, etc., or other evidence of any assets in which Disabled Person may have an interest, as well as any existing trusts for his or her benefit.

Is there an expected inheritance? Yes No Approximate amount expected: \$ _____

Lawsuit settlement pending? Yes No Approximate amount expected: \$ _____

Date inheritance or settlement expected to be received? _____

If lawsuit settlement is involved, please complete Litigation Intake Questionnaire and return to this office.