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**Special Needs Planning
Personal Information**

Date: _____

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. If so, please complete and return our form "Information Needed for Conservatorship Petition" with this questionnaire.

Check if Disabled Person is the Client

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

What are your primary reasons for engaging our firm for Special Needs Planning?

- Obtain or Retain Benefits, Special Needs Planning where Disabled Person has Assets
- Estate/special needs planning by parent or other family member.
- Other specific purposes: _____

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 Limited
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 for public benefits purposes: Yes No

Guardianship established for a minor? Yes No Date: _____

Conservatorship established? Yes No Date: _____

Name(s) of Conservator or Guardian: _____

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

Age at Onset of Disabling Condition: _____

What are your expectations about how independently the Disabled Person is likely to be able to live, now and in the future?

Benefits Disabled Person Now Receives: SSI; SSDI; Medicaid/TennCare; Medicare

Medicaid Waiver/ Group Home VA Benefits (Describe) _____

Other _____

No Public Benefits

Private/Group Health Insurance? 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: _____

B. FINANCIAL INFORMATION FOR THE BENEFICIARY/DISABLED PERSON:

INCOME:

Regular payments 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): _____

RESOURCES: Value of Assets personally owned by Disabled Person: _____

- 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.
- Please complete Asset Questionnaire, if provided, and bring it with you to our meeting.

If a new Special Needs Trust may be funded by parent's or other donor's assets or life insurance, please describe existing estate plans, here or on a separate sheet:

C. SPECIAL ASSETS

- 1. Is there an expected inheritance or lawsuit settlement pending?** Yes No

If Yes, Describe: _____
Expected amount: \$ _____
From: _____
Expected Date assets are to be received: _____
Attorney involved in lawsuit, inheritance, etc.: _____
Attorney address: _____
Telephone: _____ E-mail: _____

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

- 2. Are there other individuals who may wish to give money, assets, or insurance benefits to Disabled Person or the Special Needs Trust?** If so, please identify:

- 3. Existing Trust?** Yes Please identify any known problems or issues needing attention:

Please bring copies of all trusts, wills, other relevant documents.

D. FAMILY and those helping with planning (Add additional sheets, if necessary.)

Please list information for: the person preparing this questionnaire, parents, spouse, siblings, and children, of the individual with disabilities. List should include all relatives who might be relevant to our special needs planning.

Add sheets with additional names or relevant information, if necessary.

- 1. QUESTIONNAIRE PREPARED BY:** _____

ADDRESS: _____

(City) (County) (State) (Zip Code)

PHONE: _____ E-MAIL: _____

Relationship to disabled person: Self; Spouse; Parent; Conservator; Sibling;
 Child; Other (describe) _____

2. **NAME:** _____
ADDRESS: _____

(City) (County) (State) (Zip Code)
PHONE: _____ E-MAIL _____
Relationship to disabled person: Self; Spouse; Parent; Conservator; Sibling;
 Child; Other (describe) _____

3. **NAME:** _____
ADDRESS: _____

(City) (County) (State) (Zip Code)
PHONE: _____ E-MAIL _____
Relationship to disabled person: Self; Spouse; Parent; Conservator; Sibling;
 Child; Other (describe) _____

4. **NAME:** _____
ADDRESS: _____

(City) (County) (State) (Zip Code)
PHONE: _____ E-MAIL _____
Relationship to disabled person: Self; Spouse; Parent; Conservator; Sibling;
 Child; Other (describe) _____

E. EXISTING GUARDIANSHIP OR CONSERVATORSHIP

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

If yes, please provide the following if not shown above:

Name of Guardian/Conservator _____

Street Address: _____

City _____ State _____ Zip _____

Telephone No. _____ E-mail _____

Court in which guardianship/guardianship is established:

Court File Number: _____

Please bring court orders, guardianship letters and related pleadings to our meeting.

F. EXISTING ESTATE PLANNING DOCUMENTS

Does the Disabled Person now have a:

Durable Power of Attorney: Name of Agent under the POA: _____

Will Living Will Health Care POA or Appt. of Health Care Agent

Beneficiary of a Trust/Will. [If Trust: Is it a Special Needs Trust? Yes No]

PLEASE BRING TO OUR MEETING COPIES OF EXISTING PLANNING DOCUMENTS INCLUDING EXISTING POWERS OF ATTORNEY, TRUSTS, AND WILLS.

G. PROPOSED FIDUCIARIES FOR SPECIAL NEEDS TRUSTS OR OTHER ESTATE PLANNING

Proposed Trustee(s) of the SNT: _____

Successor(s) Trustee: _____

Proposed Trust Protector: _____

Successor Trust Protector: _____

H. PROPOSED REMAINDER BENEFICIARIES, OR OTHER LIFETIME BENEFICIARIES OF SPECIAL NEEDS TRUST(S):

I. Who referred you to us? _____

Signed: _____

ASSET EXHIBITS ATTACHED? _____

ASSETS OF DISABLED PERSON

Attachment to Special Needs Planning Questionnaire

INSERT VALUE OF ASSETS OWNED INDIVIDUALLY AND SEPARATELY BELOW
NOTE: ADD SHEETS IF NECESSARY.
YOU SHOULD BRING BROKERAGE STATEMENTS, ETC., TO OUR PLANNING MEETINGS.

DESCRIPTION OF ASSETS (explanation if necessary)		Owned by Disabled Person Value	Owned by Spouse Value	JOINTLY OWNED	
				Value	Who is joint owner? [] Spouse [] Other (below)
RESIDENCE					
CHECKING & SAVINGS ACCOUNTS					
CERTIFICATES OF DEPOSIT					
BROKERAGE ACCOUNTS					
IRAs					
ANNUITIES					
OTHER REAL ESTATE					
LIFE INSURANCE					
OTHER					
TOTALS					

LIABILITIES: Please explain any significant debts or other liabilities that may be associated with your estates. Attach additional sheets if necessary.

Home Mortgage: _____

Other Liabilities: _____