



Robinson & Fulton Law

Estate Planning and Special Needs Attorneys

SPECIAL NEEDS PLANNING QUESTIONNAIRE

Date this special needs planning questionnaire is completed: _____

BACKGROUND

The information you provide will help us with planning and important objective information about the person with a disability, his or her age, marital status, where he or she lives, and how best to communicate with the main contact person.

If you need more space, please feel free to attach another letter sized sheet. If you are not certain about an answer or do not have the relevant information, please just leave the space blank and we will determine the need for this information at our first meeting.

Main Contact Person(s): _____

Home Address: _____ City: _____ State: _____ Zip: _____

What is your relationship to the person with special needs? _____

Home Telephone: _____ Cell: _____ Work: _____

E-mail address: _____

Can we communicate with you through your email address? Yes No

Secondary Contact Person(s): _____

Home Address: _____ City: _____ State: _____ Zip: _____

What is your relationship to the person with special needs? _____

Home Telephone: _____ Cell: _____ Work: _____

E-mail address: _____

Can we communicate with you through your email address? Yes No

Tel (530) 823-2010 • Fax (530) 823-0570 • www.fulton-law.com
One California Street, Auburn, CA 95603 • 333 University Avenue, Suite 200, Sacramento, CA
95825

Mail correspondence to Auburn office

PERSONAL DATA OF PERSON WITH A DISABILITY

Full Legal Name: _____

Also Known As: _____

Birth Date: _____ Social Security No.: _____

U.S. Citizen? Yes No Veteran? Yes No

Is the person married? Yes No If yes, Date of Marriage: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Telephone Numbers (if appropriate): _____

Do you expect the person to remain in the state where he or she is living currently?
Yes No

If no, where do you expect the person might move? _____

Does the disabled person have living parents or grandparents? Yes No

If yes, please provide names and addresses:

Name of Person	Relationship	Address

If no, please provide names and addresses of siblings, spouse and children of disabled person:

Name of Person	Relationship	Address

Has a legal guardian or a conservator of the person with disabilities been appointed by a court? Yes No

If yes, then please provide the name(s) and address(es) of the guardian or conservator:

Name of Guardian or Conservator	Relationship	Address	Telephone Number

PLANNING GOALS AND OBJECTIVES

Please identify the reasons you are considering estate planning for a person with disabilities or areas that you would like to learn more about (select as many as you wish):

Protect Your Beneficiary with Special Needs.....

- From predators who can access inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to have half of your child or beneficiary's inheritance
- From creditor claims (such as car accident plaintiffs/claimants)
- From financial immaturity resulting in a quick loss of the entire inheritance
- From sharing assets with heirs you would rather disinherit
- From neglect in the government care system
- Ensure that a beneficiary with special needs has assets that are protected from government seizure while retaining eligibility for needed services
- By providing guidelines for how your child should be supported while his or her assets are in trust
- By providing instructions, people and assets to support your beneficiary with special needs above a poverty lifestyle
- From inadvertently receiving an inheritance that disqualifies the person from governmental assistance

Any other concerns?

MEDICAL DATA

The information that you provide in this section will allow us to identify specialized planning needs and customize the person's Special Needs Trust to ensure that the trust permits distribution that are most likely to improve the disabled person's quality of life.

Name of disability: _____

Was the onset of disability prior to age 22? Yes No

Is the beneficiary competent to handle funds? Yes No

Does the beneficiary require supervision? Yes No

Does the beneficiary have issues with substance abuse? Yes No

Is the beneficiary developmentally disabled? Yes No

Is the beneficiary receiving Regional Center assistance? Yes No

Please describe the disability, including what the person is able to do and unable to do. Please explain both the mental and physical condition.

Are there any specific activities the person enjoys, that enhance his or her quality of life, or that help improve his or her condition?

Can the person work? Yes No Please explain. _____

Can the person drive? Yes No If no, what transportation needs does he or she have?

Can the person live independently? Yes No If no, please describe where he or she is currently living and projected duration of this arrangement.

Describe the person's current therapeutic, educational, vocational, and social services:

GOVERNMENTAL ASSISTANCE

A Special Needs Trust is only needed to protect eligibility for certain types of governmental benefits. The information that you provide in this section will help us ensure that Special Needs planning is appropriate for the person with disabilities.

What government programs is the person currently receiving assistance from? (For example, Medicare, Medi-Cal, Social Security, supplemental security income (SSI), supplemental security disability income (SSDI), rental assistance/HUD, food stamps, etc.) Please be careful to distinguish between Medi-Cal and SSI, which are needs-based/means-based programs, and Medicare and SSDI, which are federal entitlement programs.

Did the person with disabilities receive any public aid or assistance before turning 18?

Yes No If yes, what kind of assistance did he or she receive? _____

Local office contact name, telephone number and case number: _____

If the person is not receiving Medi-Cal, how is his or her medical expenses being met? _____

Who is the current representative payee for social security benefits? _____

APPOINTMENTS -- PEOPLE TO ASSIST YOU

One of the most important aspects of any estate plan is the "appointment" of various persons to assist you, your family, and the person with a disability in times of need. These appointed "helpers" are called by different names depending on the type of estate plan you elect to implement. Although the parent is often the initial trustee of a Special Needs Trust, your successor will stand in for you to ensure that your wishes regarding the beneficiary's care are followed; trust distributions do not unintentionally render the beneficiary ineligible for benefits; care providers are supervised adequately; and the assets in the Special Needs Trust are managed carefully and with integrity.

Successors to You

Who will manage the Special Needs Trust if you are unable to do so?

	Name, Address, Telephone #
Successor Trustee First Choice	
Successor Trustee Second Choice	
Successor Trustee Third Choice	
Successor Trustee Fourth Choice	

Advisory Panel or Care Manager/Advocate

If your Successor Trustees do not have the expertise to evaluate the health or the adequacy of care providers for the person with special needs, consider nominating an Advisory Panel OR a Care Manager/Advocate.

The members of an Advisory Panel can advise the Successor Trustees about the changing needs of the person with special needs. Family members often do an excellent job serving on an Advisory Panel.

Who would you like to serve on an Advisory Panel?

	Name, Address, Telephone #
Advisory Panel Member First Choice	
Advisory Panel Member Second Choice	

Advisory Panel Member Third Choice	
Advisory Panel Member Fourth Choice	

In the alternative, would you like to authorize your Successor Trustee to hire an advocate or care manager?

If you have particular persons in mind, list them here:

	Name, Address, Telephone #
Care Manager First Choice	
Care Manager Second Choice	

SPECIAL INSTRUCTIONS

CHANGE IN CIRCUMSTANCES. Your beneficiary's inheritance will remain in the Special Needs Trust for the beneficiary's entire life unless you provide for circumstances under which a full or partial distribution may be made. Most frequently, parents provide that, if their child is employed and self-supporting for a certain minimum period of time (for example, 24 months out of the last 28 months), the Successor Trustee may, with permission of the Court, distribute all or some of the trust. What circumstances, if any, would you like to trigger a distribution decision?

If the law changes and the existence of the trust renders the special needs person ineligible for benefits, would you (check all that apply):

Continue the trust

Terminate the trust and use the trust assets to purchase exempt assets or services for the person

Terminate the trust and distribute the trust assets to a trusted person who is requested to use the proceeds for the beneficiary's benefit Name of person: _____

If the special needs person becomes gainfully employed and no longer dependent on public benefits, would you (select only one):

Continue the trust

Terminate the trust and distribute the trust assets to the beneficiary; however, the beneficiary must be employed for _____ months over a period of _____ months

RESIDENTIAL INSTRUCTIONS. What instructions would you like to provide regarding your beneficiary's residence? Are certain options unacceptable (such as a public facility)? Would you prefer for the beneficiary to be a homeowner someday? Would you like a caregiver to live in the home with the beneficiary?

FAMILY PROVISIONS. Would you like the special needs person to be able to maintain contact with family? Yes No If yes, then please indicate which family expenditures that you consider an appropriate use of trust funds:

Purchase gifts to acknowledge events such as birthdays, holidays, etc. Yes No

Pay for special needs person to travel to family events Yes No

Pay for family members to visit special needs person Yes No

Other: _____

SOCIAL OPPORTUNITIES. What opportunities would you like to provide your beneficiary?

DISTRIBUTION OF ANY REMAINDER IN THE SPECIAL NEEDS TRUST. When the trust terminates, who will receive the funds? Please provide specific legal names of family members and answer the following questions:

To the following named individuals:

All to the descendants of the person with special needs; if there are no descendants, then equally between the siblings of the person with special needs, and if a sibling does not outlive the person with special needs, then the deceased sibling's descendants takes the share of the deceased sibling

Equally between the siblings, or their descendants, then remote contingent beneficiaries of the person with special needs

All to the descendants of the person with special needs, then _____

Are any of these people minors (under age 18)? Yes No

Are all of these people in good health? Yes No

Are any of these people blind or disabled? Yes No

Are any of these people receiving SSI or other forms of governmental entitlement? Yes No

Do any of these people have problems with alcoholism or drug addiction? Yes No

Do any of these people have trouble managing their money? Yes No

FUNERAL/CEMETERY. Does this person own a cemetery lot or has the person prepaid any funeral or burial expense? Yes No

If yes, please explain. _____

ASSETS/LIABILITIES OF THE PERSON WITH A DISABILITY

Please insert the approximate value of each asset/liability in the appropriate space:

ASSETS	OWNED INDIVIDUALLY	OWNED JOINTLY	SOURCE OF FUNDS (Gift, wages, personal injury lawsuit, etc.)
RESIDENCE (current value)			
OTHER REAL ESTATE (current value)			
CHECKING ACCOUNT			
SAVINGS ACCOUNT			
MONEY MARKET ACCOUNT			
CERTIFICATES OF DEPOSIT			
MUTUAL FUNDS			
STOCKS			
BONDS			
RETIREMENT ACCOUNTS (IRA, 401(k), SEP, SIMPLE, etc.)			
CASH VALUE - LIFE INSURANCE			
ANNUITIES			
CLOSELY HELD BUSINESS			
NURSING HOME DEPOSIT			
PERSONAL HOUSEHOLD GOODS			
AUTOMOBILES			
BOATS, CANOES, TRAILERS			
ASSETS IN SAFE DEPOSIT BOX			
TOTALS			

FUNDING OF THE SPECIAL NEEDS TRUST

How and when will the Special Needs Trust be funded? _____

If gifting or inheritance is the source of the funds, please answer the following:

Name of the person(s) making the gift or leaving the inheritance:

Date of death (if deceased): _____ Social Security # _____

Does this person have a taxable estate (the estate tax exemption is currently \$5 million, indexed to inflation)? Yes No

LIFE INSURANCE THAT MIGHT BE USED TO FUND THE PERSON'S SPECIAL NEEDS TRUST - PLEASE LIST INDIVIDUALLY. (Include the cash value of the life insurance on Life Insurance line for the prior page)

It is very important to know the cash value and death benefit of the life insurance policy. To obtain the cash value of the policy, please call your insurance agent or call the insurance company directly.

Company Name	Type (Term, Whole life, universal)	Death Benefit Value	Face Value	Cash Value	Owner	Insured	Beneficiary (Primary and Secondary)

How did you hear about our office? _____

We look forward to working with you!