

SPECIAL NEEDS SUPPLEMENT



CONTACT INFORMATION



Parents or Primary Caregivers

Parents' or Primary Caregivers' names:

Parents' or Primary Caregivers' addresses:

Parents' or Primary Caregivers' telephone numbers:

Parents' or Primary Caregivers' telephone numbers:

Parents' or Primary Caregivers' email addresses:

Primary Caregivers' relationships to individual with disability:



Individual(s) With Disability (Refer to individual by name when conducting interview)

Name:

Age:

Telephone number:

Fax Number:

Email address:



Other Persons Involved in Care (Obtain information from each.)

Name:

Age:

Address:

Telephone number:

Fax Number:

Email address:

LIFE PLANNING



Where does your family member with a disability ("family member") currently reside?

Select the appropriate box:

☐ Parents' residence

☐ Residential school

☐ Group home

☐ Supervised home or apartment

☐ Adult foster care

☐ Nursing home

☐ Independent living center

☐ Institution

☐ Independently living in own home

☐ Other family member's residence

☐ Family member _____

☐ Other (describe:) _____

How long do you anticipate that this living arrangement will remain in place?

What are your plans for future living arrangements for your family member (if parents predecease the family member)?

EDUCATION



- | | | |
|---|-----|----|
| 1. Is your family member currently attending school? | Yes | No |
| 2. Does your family member have an Individual Education Plan (IEP)? | Yes | No |
| If yes, does the IEP provide for related services such as Physical Therapy, or Occupational Therapy? | Yes | No |
| 3. If your family member does not have an IEP and is 21 or younger, are you working with your school district to agree upon an IEP? | Yes | No |
| 4. Does your family member have a Section 504 Plan? | Yes | No |
| 5. Do you anticipate your family member attending post secondary school (e.g., college, vocational training)? | Yes | No |

EMPLOYMENT



Is your family member currently employed (full-time/part-time)? Yes No

If yes, in what capacity (e.g., sheltered workshop or other job-related program such as supported employment) and how much does he/she earn per month?

MEDICAL



1. What is the nature of your family member's disability? _____
2. Have you received a medical diagnosis? Yes No
If yes, what is it? _____
3. If your family member ambulatory? Yes No
4. Is your family member verbal? Yes No
If not, how does your family member communicate
(e.g., speech, communication device, computer, sign language)? _____
5. Is your family member blind or visually impaired? Yes No
6. Does your family member require durable medical equipment (e.g., wheelchair or walker)? Yes No
If yes, what types or for what purposes? _____
7. Does your family member require prescription medications? Yes No
If yes, what types or for what purposes? _____
8. Does your family member require home nursing care, hospitalization, or a home health aide? Yes No
9. Does your family member have private health insurance? Yes No
If yes, through which carrier? _____

SOCIAL/PERSONAL



1. Can your family member read for his/her age level? Yes No
2. Can your family member write for his/her age level? Yes No
3. Can your family member take care of his/her own personal hygiene needs? Yes No
4. For teens or adults: Can your family member make his/her own financial decisions? Yes No
5. For teens or adults: Can your family member make his/her own medical decisions? Yes No

GUARDIANSHIP/CONSERVATORSHIP



1. Does your family member have a legal guardian or conservator of the person or estate (if over 18 years of age)? Yes No
2. If the family member is 18 or older and does not have a legal guardian of the person or the estate, do you have plans to go to court to have a legal guardian appointed? Yes No

LETTER OF INTENT



- Has a letter of intent been written on behalf of your family member? Yes No
- If yes, when was it last reviewed? _____
- If no, do you intend to prepare one? Yes No

FINANCIAL



1. Do you currently have out-of-pocket living expenses (e.g., food, shelter, clothing, entertainment, personal care, transportation) for your family member? Yes No
 If yes, what are they per month? _____
 If no, do you anticipate having out-of-pocket living expenses for your family member? Yes No
 If yes, when do you expect them to commence and what do you anticipate them to be per month? _____

2. If your family member is receiving related services for which you have out-of-pocket expenses, what are they and what is the monthly expenses?

Speech Therapy	\$_____ per month
Physical Therapy	\$_____ per month
Occupational Therapy	\$_____ per month
Other	\$_____ per month
School district	\$_____ per month
Insurance	\$_____ per month

3. Does your child currently receive government benefits or other financial assistance? The could include, for example?

SSI	\$_____ per month
SSDI	\$_____ per month
Medicare	\$_____ per month
Medicaid	\$_____ per month
Social Security Survivor Benefits	\$_____ per month
State supplementns	\$_____ per month
Other	\$_____ per month

4. Do you currently have out-of-pocket medical expenses, including, for example, doctors' bills, dentists' bills, durable medical equipment, and health insurance premiums, for your family member? Yes No

Doctors	\$_____ per month
Dentists	\$_____ per month
Durable Medical equipment	\$_____ per month
Health insurance premiums	\$_____ per month
Other	\$_____ per month

5. What other out-of-pocket expenses, per month, not already addressed, do you have for your family member?

Expense 1: _____	\$_____ per month
Expense 2: _____	\$_____ per month
Expense 3: _____	\$_____ per month

6. Is your family member the expected recipient of any lump-sum funds or inheritance through a will, trust, property ownership, or beneficiary designations? Yes No
 If yes, what is the source and amount? _____

7. Are there any planned bequests/gifts from any relatives or family friends? Yes No
 If yes, what amounts and from whom? _____

FINANCIAL



8. Does your family member currently have any assets in his/her name (e.g., UGMA, UTMA, 529 Plan, Checking or Savings Accounts, Bank CD, etc.)? Yes No
9. How much money do you believe your family member will need on a monthly or annual basis to ensure a quality life in your absence, and for what purposes?
 \$ _____ per month Purpose: _____
 \$ _____ per year Purpose: _____
10. Who will be responsible for handling the financial affairs of your family member when you are no longer available?

11. If you have an existing Special Needs Trust for your family member's benefit, what assets do you plan on using to fund your Special Needs Trust?

12. Do you believe these assets are sufficient to ensure a good quality of life in the future for your family member? Yes No
13. Approximately how much money per month do you need to provide for any children in the household who do not have any special needs? \$ _____

LEGAL



1. Are currently working with any professionals that have expertise in special needs law (e.g., attorney, CPA)? If so, please provide their contact information: _____ Yes No
2. Is there any litigation pending concerning your family member? Yes No
 If yes, please describe: _____
3. Was there prior litigation concerning your family member that resulted in a monetary award, either by judgment or settlement? Yes No
 If yes, please describe the amount and payment terms of any award: _____
4. Do you currently have a Special Needs Trust for the benefit of your family member? Yes No
 If yes, please provide the following:
 Date of execution: _____ Date last reviewed: _____
 Name(s) of the trustee(s): _____
5. How is the Special Needs Trust funded [*testamentary* (trust as part of a will and not effective until after the death of the testator) or *inter vivos* (set up by the grantor before dying so that funds are available to the family member during the grantor's life)]?

6. If you do not have a Special Needs Trust for the benefit of your family member, are you currently working with an attorney to establish a Special Needs Trust? Yes No
 If yes, please provide contact information for the attorney: _____
7. Do you have a will that provides for your family member? Yes No
8. Do you have a Power of Attorney for the family member? Yes No
9. Have the estate planning documents that have been prepared for the parents as well as other relatives who may pass property to the family member with special needs taken into consideration their special circumstances? Yes No

LEGAL



10. If the family member has siblings or other extended family/friends: Yes No
- a. Have you communicated with the siblings or other extended family members/friends on any role they may play in the financial or physical support of the family member? Yes No
- b. Do you anticipate that the siblings or other extended family members/friends will contribute to the financial support of the family member? Yes No
If yes, to what extent? _____
- c. Do you anticipate that the siblings or other extended family members/friends will contribute to the physical care of the family member? Yes No
If yes, to what extent? _____
- d. Has the role of siblings or other extended family members/friends been memorialized in any type of legal document, such as a will? Yes No

OTHER FAMILY INFORMATION

**Does the family member have siblings who do not have special needs?**

In yes, please indicate below:

Name	Date of birth
Occupation	Over 18 years of age? Yes____ No____
Place of residence	
Name	Date of birth
Occupation	Over 18 years of age? Yes____ No____
Place of residence	
Name	Date of birth
Occupation	Over 18 years of age? Yes____ No____
Place of residence	

FINAL ARRANGEMENTS & OTHER *At the discretion of the financial professional:*

- At the discretion of the financial professional: Have you made final arrangements for your family members? Yes No
- In yes, have you prepaid for these expenses? Yes No
- Do you currently belong to a parents' support group? Yes No
- Are there any other factors you feel are important to consider in planning for your family member's future? Yes No



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