



Dedicated to preserving personal dignity and financial security.

Special Needs Trust Pre-Consult Questionnaire

Please complete for our attorney’s initial phone or office conference to aid in determining if we can be of help.

Name of Client: _____

Claimant: _____

Client’s Primary Spoken Language: English Spanish Creole Other

1. Is the plaintiff a “Disabled” Person? Yes No

If yes, what is the disability?

<input type="checkbox"/> Aspergers Syndrome	<input type="checkbox"/> Fragile X Syndrome
<input type="checkbox"/> Attention Deficit Disorder	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Autism	<input type="checkbox"/> Mental Retardation
<input type="checkbox"/> Bi-polar	<input type="checkbox"/> Obsessive Compulsive Disorder
<input type="checkbox"/> Blindness	<input type="checkbox"/> Paraplegia
<input type="checkbox"/> Borderline Personality Disorder	<input type="checkbox"/> Quadriplegia
<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Rett Syndrome
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Schizoaffective Disorder
<input type="checkbox"/> Deafness	<input type="checkbox"/> Schizophrenia
<input type="checkbox"/> Depression	<input type="checkbox"/> Spina BiFida
<input type="checkbox"/> Developmentally Delayed	<input type="checkbox"/> Tourettes Syndrome
<input type="checkbox"/> Dissociative Disorder	<input type="checkbox"/> Traumatic Brain Injury
<input type="checkbox"/> Down Syndrome	<input type="checkbox"/> Other:
<input type="checkbox"/> Epilepsy	

2. What is the Disabled Person’s prognosis? _____

3. Has the Disabled Person received a disability determination by SSA?

Yes No

4. Has the Disabled Person applied for a disability determination by SSA?

Yes No

5. The Disabled Person currently receives (✓ all that apply):

<input type="checkbox"/> DDD	<input type="checkbox"/> Section 8 Housing
<input type="checkbox"/> Psychiatric Institutionalization	<input type="checkbox"/> Group Home
<input type="checkbox"/> Medicaid Waiver	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> SSI & Medicaid Monthly Amount: \$ _____	<input type="checkbox"/> SSI Only Monthly Amount: \$ _____
<input type="checkbox"/> SSD & Medicare Monthly Amount: \$ _____	<input type="checkbox"/> Other:

6. The Disabled Person is expected to receive (✓ all that apply):

<input type="checkbox"/> DDD	<input type="checkbox"/> Section 8 Housing
<input type="checkbox"/> Psychiatric Institutionalization	<input type="checkbox"/> Group Home
<input type="checkbox"/> Medicaid Waiver	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> SSI & Medicaid Monthly Amount: \$ _____	<input type="checkbox"/> SSI Only Monthly Amount: \$ _____
<input type="checkbox"/> SSD & Medicare Monthly Amount: \$ _____	<input type="checkbox"/> Other:

7. Is the disabled person under the age of 65? Yes No

8. Who would you like to ESTABLISH the Trust Assets? (Note: The law does not allow the disability to establish the trust for themselves. The only entities that can establish the trust for the Disabled Person are listed below. A parent/grandparent need only sign the trust and need not be involved in any further way, if necessary.)

<input type="checkbox"/> Guardian (only if there is already a guardianship)	<input type="checkbox"/> Parent
<input type="checkbox"/> Court	<input type="checkbox"/> Grandparent

9. Are the assets to fund the trust the assets of the Disabled Person?

Yes No

10. How is the Trust being funded?

<input type="checkbox"/> Personal Injury Settlement	<input type="checkbox"/> Workers Comp
<input type="checkbox"/> Matrimonial Action	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Gift	<input type="checkbox"/> Own Monies
<input type="checkbox"/> Other:	

11. What is the TOTAL amount of the trust funding? _____

12. If the Trust is being funded by a Settlement, Workers Comp, a Matrimonial Action or Inheritance (coming from an Estate Atty), are the funds currently in the attorney's trust account? Yes No Unsure

12.1. If no, give expected date of receipt: _____

13. Is the funding a?

<input type="checkbox"/> Lump Sum (all at once)
<input type="checkbox"/> Structured (regular payments)
<input type="checkbox"/> Combination of Both

14. If a combination, what is the breakdown? _____

15. Who would you like to act as the Trustee to manage the Trust Assets?

(Note: You may appoint more than one Trustee to act at the same time.)

<input type="checkbox"/> Guardian	<input type="checkbox"/> Parent
<input type="checkbox"/> Friend	<input type="checkbox"/> Grandparent
<input type="checkbox"/> Shalloway & Shalloway, P.A. (Question below is "Yes" to all)	<input type="checkbox"/> Other Family Member
<input type="checkbox"/> Professional Trustee (i.e. Trust Company or Attorney) Name: _____	<input type="checkbox"/> Other:

16. Does the Trustee candidate listed above:

Have tax knowledge? Yes No Unsure

Have trust accounting knowledge? Yes No Unsure

- Have fiduciary law knowledge? Yes No Unsure
- Have public benefits knowledge? Yes No Unsure
- Are they Bondable? Yes No Unsure

17. Please indicate all of the needs or wants that the Disabled Person has for the use of the Trust Assets (all that apply):

Expense	Amount of Expense
<input type="checkbox"/> Payment of Credit Card Debt	\$
<input type="checkbox"/> Purchase of a Home	\$
<input type="checkbox"/> Home Improvements, Repairs or Maintenance	\$
<input type="checkbox"/> Installation of Burglar Alarm or Monitoring/Response system	\$
<input type="checkbox"/> Payment of Utilities, Homeowner's Ins., etc.	\$
<input type="checkbox"/> Household goods (i.e. Furniture, etc.)	
<input type="checkbox"/> School Tuition, Books or Supplies	\$
<input type="checkbox"/> Health or Life insurance Premiums	\$
<input type="checkbox"/> Entertainment (i.e. Magazines, Books, Newspaper Subscriptions, Vacation Travel, etc.)	\$
<input type="checkbox"/> Handicap Van or necessary Vehicle	\$
<input type="checkbox"/> Electronics (Stereo System, TV, etc.)	\$
<input type="checkbox"/> Medical Insurance	\$
<input type="checkbox"/> Care Manager Services	\$
<input type="checkbox"/> Tax Payments	\$
<input type="checkbox"/> Funeral Expenses	\$
<input type="checkbox"/> Legal Fees	\$
<input type="checkbox"/> Transfers to Third Parties	\$
<input type="checkbox"/> Other	\$

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