



SPECIAL NEEDS TRUST QUESTIONNAIRE

1. NAME OF DISABLED PERSON: _____

NATURE OF DISABILITY: _____

PERMANENT RESIDENCE _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

IS DISABLED PERSON ON MEDICAID? YES _____ NO _____

IS DISABLED PERSON ON MEDICARE? YES _____ NO _____

2. BENEFITS RECEIVED (OTHER THAN MEDICAID/MEDICARE):

3. ASSETS OF DISABLED PERSON:

• **SAFE DEPOSIT BOX:** YES: _____ NO: _____

LOCATION: _____

• **REAL ESTATE:**

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ DOD VALUE: _____

HOW TITLED: _____

HOMESTEAD: YES: _____ NO: _____

- **STOCKS AND BONDS**

NAME OF COMPANY: _____

TYPE OF SECURITY: _____

HOW TITLED: _____

LOCATION OF CERTIFICATE: _____

PRESENT VALUE: _____

- **BANK ACCOUNTS:**

BANK NAME: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

PRESENT VALUE: _____

- **MONEY MARKET ACCOUNTS OR CERTIFICATES OF DEPOSIT:**

NAME OF INSTITUTION: _____

ACCOUNT NUMBER: _____

HOW TITLED: _____

PRESENT VALUE: _____

- **U.S. GOVERNMENT SAVINGS BONDS (E, EE, H):**

HOW TITLED: _____

LOCATION OF BONDS: _____

TO BE CASHED: YES _____ NO _____

IF YES, NAME OF TRANSFEREE: _____

PRESENT VALUE: _____

• **MORTGAGES AND NOTES (RECEIVABLE):**

MORTGAGOR 1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TERMS OF OBLIGATION: _____

PRESENT VALUE: _____

• **INSURANCE ON DISABLED PERSON'S LIFE:**

COMPANY NAME: _____ POLICY #: _____

BENEFICIARIES NAMED: _____

LOCATION OF POLICY: _____

PRESENT VALUE: _____

• **ANNUITIES:**

COMPANY NAME: _____ POLICY #: _____

BENEFICIARY NAMED: _____

LOCATION OF POLICY: _____

PRESENT VALUE: _____

• **VEHICLES:**

MODEL: _____ YEAR: _____

HOW TITLED: _____

LOCATION OF TITLE: _____

PRESENT VALUE: _____

4. DEBTS

Please list all debts owed by the DISABLED PERSON, including the amount owed. (Example of debts would be credit cards, automobile loans, home loans, doctor's bills, etc.)

CREDITOR: _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

CREDITOR: _____

CREDITOR'S ADDRESS: _____

TYPE OF DEBT: _____ AMOUNT OWED: \$ _____

5. OTHER QUESTIONS:

ARE ANY OF DISABLED PERSON'S CHILDREN DISABLED? YES ___ NO ___

IF YES, PLEASE LIST THE CHILD'S NAME AND NATURE OF DISABILITY: _____

6. DOCUMENTS NEEDED BY THIS OFFICE:

_____ COPIES OF ANY REAL ESTATE DEEDS

_____ COPIES OF ANY VEHICLE TITLES

_____ COPIES OF ANY BILLS

NEEDS OF DISABLED PERSON TO BE ADDRESSED WITH SPECIAL NEEDS

TRUST:

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Print Name: _____