

RETURN TO:
William King Self, Jr.
Elder and Special Needs Planning Attorney
Apperson, Crump & Maxwell, PLC
6000 Poplar Avenue, Suite 400
Memphis, TN 38119
(901) 756-6300
(901) 260-5158 fax
E-mail: kself@appersoncrump.com

File No: _____

Special Needs Trust Planning Personal Information

Date: _____

Information supplied by: _____
This form is extremely important. Your accuracy and completeness in responding will help us to best represent you.

A. DISABLED PERSON

Full Name: _____

Street Address _____

City _____ State _____ Zip _____

Phone No. _____ E-mail address _____

Age _____ Birth Date _____ Social Security No. _____

If Adult: Competent to sign documents, make decisions? Yes No Don't know.
Married? Yes No Spouse's Name: _____
Children? Yes No Number of children, ages: _____

Describe Disabling Condition: _____

Age at Onset of Disabling Condition: _____

Benefits Disabled Person Receives: SSI SSDI Medicaid Medicare
 Medicaid Waiver/ Group Home VA Benefits (Describe) _____
 Other _____
 No Public Benefits
 Private/Group Health Insurance - Through Parent's coverage? Yes No
Name of Ins. Carrier: _____ Coverage termination date: _____
Cost/month: _____ Who is paying for coverage? _____

Has Disabled Person filed for SSI or Social Security Disability? Yes No

If yes, program applied for, date of filing: _____

If not now on Medicare, is Disabled Person likely to be eligible for Medicare soon?

Yes No If yes, date eligibility expected: _____

Is any other immediate family member receiving public benefits?
(Medicaid/SSI/SSDI, etc.) Yes No

If yes, identify persons, benefits received: _____

B. FINANCIAL INFORMATION

Income of Disabled Person:

Income or regular gifts received (Describe type, monthly amounts):

Social Security Benefits SSDI SSI SS (retirement) \$ _____
 _____ \$ _____
 _____ \$ _____

Assets:

Describe Assets of Disabled Person and how owned (sole name or jointly with others):

Asset:	Value/Owned by:		Name(s) of Joint Owner(s)
	Individual	Jointly with Others	
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Approximate total value of Assets: \$ _____

Please bring copies of recent bank statements, brokerage statements, etc., that the Disabled Person has an ownership interest in, as well as any existing trusts for his or her benefit.

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: _____

Are there individuals who may wish to gift money, assets, or insurance benefits to Disabled Person or the Special Needs Trust? If so, please identify:

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

Please list information for: the person preparing this questionnaire, Disabled Person's parents, spouse, siblings, and children, as well as others who are involved with helping the Disabled Person.

1. NAME: _____
ADDRESS: _____

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

2. NAME: _____
ADDRESS: _____

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

3. NAME: _____
ADDRESS: _____

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

4. NAME: _____
ADDRESS: _____

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

5. NAME: _____
ADDRESS: _____

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

D. MISCELLANEOUS DATA

1. Is the disabled person living at home or in a group home or institution?

At Home Who holds title to the home? _____

Group Home or Institution

If in a group home or institution, please provide information:

Name of Organization/Institution: _____

Name of Contact Person: _____

Street Address: _____

City _____ State _____ Zip _____

Telephone No. _____ E-mail _____

2. Is the disabled person a U.S. citizen? Yes No Veteran? Yes No

3. If the disabled person is not a U.S. citizen, is he/she a qualified alien?

Yes No Don't Know

4. (a) Address of Social Security office with which disabled person has contact:

Street Address: _____

City _____ State _____ Zip _____

Telephone No.: _____ Fax No.: _____

Who is Rep. Payee for SS purposes? _____

(b) TennCare/Department of Human Services DHS File No.: _____

Name of DHS worker assigned: _____

Telephone Number: _____

Office Location: _____

5. Is the disabled person the subject of a guardianship or conservatorship? Yes No

If yes, please provide the following:

Name of Guardian/Conservator _____

Street Address: _____

City _____ State _____ Zip _____

Telephone No. _____ E-mail _____

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

6. If the disabled person is incompetent and is not subject to a conservatorship or guardianship, is a conservatorship/guardianship required? Yes No Don't know.

NOTE: If yes, complete Conservatorship/Guardianship Intake forms.

E. ESTATE PLANNING DOCUMENTS

1. If the disabled person is competent, does he or she have a:

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

Durable Power of Attorney Who is the Agent under the POA? _____

Please bring copies of Durable Power of Attorney and any other existing planning documents to meeting.

Would you like intake forms sent to you so these documents can be prepared? Yes No

2. Do the concerned family members have their own:

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

Durable Power of Attorney Who is the Agent under the POA? _____

Existing Special Needs Trust, by Will or otherwise, making provisions for Disabled Person

Please bring copies of existing planning documents related to planning for Disabled Person.

F. REFERRAL

By Whom Were You Referred To This Office?

Name: _____

G. THIS QUESTIONNAIRE WAS PREPARED BY:

Name: _____

Signed: _____

2-09-r