

SPECIAL NEEDS TRUST WORKSHEET

Name of Client _____

Address _____

Phone number _____

Spouse's name _____

Address _____

Phone number _____

Name of disabled child/adult (primary beneficiary) _____

Address _____

Age _____ Date of Birth _____

What is mental capacity of disabled child/adult? _____

What is the nature of the disability? _____

Name and address of person to be appointed Trustee _____

Name and address of person to be appointed Alternate Trustee _____

Name of alternate (secondary) beneficiary(ies) _____

Address _____

Age _____ Date of Birth _____



When will trust terminate as to secondary beneficiary(ies)? _____

Does disabled child/adult currently receive SSI disability income or Medicaid? (If so, please state how much per month) _____

Is disabled child/adult currently covered by private insurance? _____

What is estimated value of property to be placed in trust? _____

What property is to be placed in trust? _____
