

ZAKRE LAW OFFICE
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Special Needs Trust Questionnaire

Please complete the following questions to the best of your ability. It's all right if you can't answer all of the questions. Don't forget to bring this questionnaire to your appointment. Your answers will be kept confidential.

Name of Person Completing this Form _____

Information about the Grantor (Person establishing Trust):

Name _____
Address _____
Telephone # (h) _____ (w) _____ (cell) _____
Is this person a U.S. citizen? _____
If not, is this person a legal resident alien? _____
Relationship to beneficiary _____
Does the grantor have a will or trust currently in place? _____ Yes _____ No
Will the grantor's funds be used to fund this trust? _____ Yes _____ No
If no, whose funds will be used? _____
Will the beneficiary's funds be used to fund this trust? _____ Yes _____ No
Will this trust be funded from the settlement of a personal injury lawsuit or other lawsuit brought by or on behalf of the beneficiary? _____ If yes, please state:
Name of case _____
Court _____
Docket # _____
Lawyer Name _____

Information about the Beneficiary (Person with Disability)

Name _____
Address _____
Telephone # (h) _____ (w) _____ (cell) _____
Social Security # _____
Date of Birth _____ Sex _____
Marital Status _____ Name of spouse (if applicable) _____
Is this person a U.S. citizen? _____

If not, is this person a legal resident alien? _____

Does this person have a guardian? _____

If yes, please state:

Name of Guardian _____

Address _____

Telephone # (h) _____ (w) _____ (cell) _____

Please attach court orders appointing guardian

Does this person have a durable power of attorney? _____

If yes, please state

Name of Agent under durable power of attorney _____

Address _____

Telephone # (h) _____ (w) _____ (cell) _____

Please attach a copy of the power of attorney

Is the beneficiary currently a beneficiary of any other trust? _____

Does the beneficiary expect to receive an inheritance? _____

What is the beneficiary's disability? _____

The disability substantially limits the individual in (check all that apply)

____ Mobility

____ Ability to Care for Self

____ Communication

____ Economic Self-Sufficiency

____ Ability to Think and Reason

____ Ability to Manage Money

____ Sight, hearing, or other sensory deprivation

____ Other- Please name _____

What public benefits does the beneficiary currently receive? (check all that apply)

____ SSI

____ Medicaid

____ Area Agency

____ Mental Health Center

____ Aid to Needy Blind

____ ABD waiver

____ Katie Beckett

____ Social Security Disability

____ Medicare

____ Vocational Rehabilitation (VR)

____ Veteran's Benefits

____ HCPC

____ APTD

____ Other (Please name) _____

What is the beneficiary's current living arrangement? _____

Where will the beneficiary likely reside in the future? _____

Is it anticipated that long term care (whether at home or elsewhere) will be required? _____

Is the beneficiary currently receiving home-based care of any kind? _____
If so, please describe _____

Does the beneficiary have unmet needs? _____ If so, what are they? _____

What kind of needs will the beneficiary have in the future? _____

What are the beneficiary's likes and interests? _____

What are the beneficiary's dislikes and disinterests? _____

What kinds of items/ expenses would you want to see the trust pay for? _____

Do you want to place any restrictions on what trust funds will pay for? _____

Beneficiary's current income from employment _____

Are there any uncompensated disability-related work expenses? _____
If so, what are they? _____

Please complete Beneficiary Assets/Liabilities Sheet on Next Page

Trustee

Who do you think should be trustee of this trust?

Name _____

Address (if different from Grantor) _____

Telephone # (h) _____ (w) _____ (cell) _____

Backup Trustee/Co-Trustee

Name _____

Address (if different from Grantor) _____

Telephone # (h) _____ (w) _____ (cell) _____

Is there anyone who should not serve as trustee? If so, please name _____

Beneficiary's Assets/Liabilities

Type of Assets Owned by Beneficiary

Current Value

Real estate _____

Savings Accounts _____

Checking Accounts _____

Certificates of Deposit _____

Retirement plans (IRAs, Pension, 401(k), etc.) _____

Stock/Bonds/Mutual Funds _____

Cash Surrender Value of Life Insurance _____

Business ownership interest _____

TOTAL _____

Beneficiary's Liabilities

Mortgage _____

Credit Card Debt _____

Student loans _____

Other liabilities (Please name) _____

TOTAL _____