

Your Information:

Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Phone Number: _____

Trustee Information:

Full Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Phone Number: _____

Relationship to Beneficiary _____

Alternate Trustee Information (If your Trustee dies or is unable to serve):

Full Name: _____

Address: _____

Relationship to Beneficiary: _____

Phone Number: _____

Your Treating Physician Information:

Name: _____

Address: _____

Phone Number: _____

Disability & Trust Information:

Address: _____

Phone Number: _____

What is your disability? (Diagnosis, difficulties, etc.) _____

What is the amount to be put into the Trust?: _____

Where was the money derived from? _____

Income Information:

What benefits do you receive? How much? (eg. Medicaid, OMAP
Disability, etc.): _____

What is your current income?: _____

What is the source of that income?: _____

