

## SPECIAL NEEDS TRUST QUESTIONNAIRE

### **Your Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **Trustee Information:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Relationship to Beneficiary: \_\_\_\_\_

### **Your Treating Physician Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

### **Disability & Trust Information:**

Disability Caseworker Name and Telephone No.: \_\_\_\_\_

\_\_\_\_\_

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? (e.g. Medicaid, OMAP, Disability, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your current income? What is the source of that income?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_