

SPECIAL NEEDS PLANNING QUESTIONNAIRE

Submitted to: _____

Cox Law Group

127 Lubrano Drive, Suite 201
Annapolis, Md. 21401

“Planning for Your Peace of Mind”

—Please read before beginning your responses to this Questionnaire—

Proper special needs planning, including implementation of those plans, requires tedious attention to details, typically more attention than most people are accustomed to giving. Protecting government benefits depends on those details.

However, proper special needs planning goes beyond just protecting government benefits. It includes addressing ownership, preserving value and transferring assets as intended.

This Questionnaire is designed to begin that process. The quality of your special needs plan depends on it!

Additional Note: Information you provide will be kept confidential unless you authorize its release to others, including any of your other advisors. However, if you are asking us to represent both spouses, we must and will treat all communications by either spouse (including a desire to terminate the joint representation) as common knowledge to be shared among all of us, while maintaining strict confidentiality as to anyone else.

NOTE: This Questionnaire must be dated and signed on the last page when completed.

Thank You!

STEP	BACKGROUND INFORMATION
1	The information you provide in this section provides us with important objective information about the person with special needs and how best to communicate with the contact person(s).

Personal Data for Person With Special Needs

Name to be on Document
(Like a typical, legal signature) _____

Full name plus all "a/k/a" Names
(Birth, marriage, Social Security, and other names) _____

Nickname _____ US Citizen: Yes No

Birth date _____ SSN _____ Veteran: Yes No

Home Address _____

Telephone(s)
(if appropriate) _____ County of Residence _____

Employer _____ Job Position _____

Is this person married/divorced? _____ Date of marriage: _____

Name of spouse _____ Place of marriage _____

Date of divorce _____ Place of divorce _____

Name of First Contact Person: _____

Relationship to Person with Special Needs _____

Birth date _____ SSN _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ It is okay to email confidential information.

Name of Second Contact Person: _____

Relationship to Person with Special Needs _____

Birth date _____ SSN _____

Home Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ It is okay to email confidential information.

If married to First Contact Person, date and place of marriage _____

STEP	BACKGROUND INFORMATION
1	(CONTINUATION #1) INSERT ADDITIONAL PAGES AS NEEDED.

Do you expect this person to remain in the State where he / she is living currently for the rest of his / her life?

Yes No

If not, please explain _____

Other than shown on the prior page, does this person have any living parent, grandparent, sibling or child?

Yes No

If so, please identify all such persons—

Name: _____ **Relationship:** _____

Address: _____ **SSN:** _____

Name: _____ **Relationship:** _____

Address: _____ **SSN:** _____

Name: _____ **Relationship:** _____

Address: _____ **SSN:** _____

Name: _____ **Relationship:** _____

Address: _____ **SSN:** _____

Name: _____ **Relationship:** _____

Address: _____ **SSN:** _____

Name: _____ **Relationship:** _____

Address: _____ **SSN:** _____

Name: _____ **Relationship:** _____

Address: _____ **SSN:** _____

Name: _____ **Relationship:** _____

Address: _____ **SSN:** _____

Name: _____ **Relationship:** _____

Address: _____ **SSN:** _____

Has a legal guardian or conservator of this person been appointed by a court? Yes No

If so, **Name:** _____

Telephone: _____

Address: _____

STEP	PLANNING GOALS AND OBJECTIVES
2	Please identify the reasons you are planning for this person with special needs (select as many as apply).

To Protect This Person with Special Needs . . .

<input type="checkbox"/>	From predators who can access inheritance amounts and target young or vulnerable beneficiaries
<input type="checkbox"/>	From claims of a divorced spouse to the beneficiary's inheritance
<input type="checkbox"/>	From creditor claims (such as car accident plaintiffs)
<input type="checkbox"/>	From financial immaturity potentially resulting in quick loss of the inheritance
<input type="checkbox"/>	From sharing assets with heirs you would rather disinherit
<input type="checkbox"/>	From neglect in the government care system
<input type="checkbox"/>	From inadvertently receiving an inheritance that disqualifies the person from governmental assistance
<input type="checkbox"/>	From government seizure while retaining eligibility for needed services
<input type="checkbox"/>	By providing guidelines for how this person should be supported while assets are in trust
<input type="checkbox"/>	By providing instructions, people and assets to support this person above a poverty-level lifestyle
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:

Name(s) and phone number(s) of present advisors:

Personal Attorney:
Accountant:
Financial:
Insurance:
Social Security Representative Payee:
Other:

STEP	MEDICAL DATA
3	The information you provide in this section will allow us to identify specialized planning needs and customize the person's Special Needs Trust to ensure that the trust permits distributions that are most likely to improve the person's quality of life.

Formal, medical name of disabling condition(s): _____

Please describe and explain the disabling condition(s) in non-medical terms, including what this person is able to do and unable to do. _____

When was the onset of disability? _____

Please list / describe any specific activities this person enjoys that enhance his / her quality of life or that help improve his / her condition? _____

Can this person work? Yes No

Please explain. _____

Can this person drive? Yes No

If not, what are his / her transportation needs? _____

Can this person live independently? Yes No

If not, please describe the arrangement where he / she is currently living, as well as the projected duration of this arrangement. _____

To what extent can this person handle money? _____

Name, address and office phone of the special needs person's primary care physician: _____

Name, address and office phone of the person providing critical care for the special needs person in addition to the primary care physician: _____

STEP	GOVERNMENTAL ASSISTANCE
4	A Special Needs Trust is only needed to protect eligibility for certain types of governmental benefits. The information you provide in this section will help us ensure that special needs planning is appropriate for the person you have identified.

From what government programs is this person currently receiving assistance? (For example, Medicaid, Medicare, regular Social Security for child whose disability began prior to age 22 (SSA), Social Security, Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI), rental assistance/HUD, (Section 8 Housing), food stamps, In Home Support Services (IHSS), Temporary Aid to Needy Families (TANF), etc.) Please be careful to distinguish between Medicaid and SSI, which are means-tested programs, and Medicare and SSDI, which are federal entitlement programs.

Did this person receive any public aid or assistance before turning 18? Yes No 22? Yes No
 If so, at what age and what kind of assistance? _____

Local Office/Contact Name & Case Number: _____

If this person is not receiving Medicaid, how are his / her medical expenses being met? _____

What are this person's annual expenses for:

Food: _____	Clothing: _____	Shelter: _____
Medical: _____	Hygiene: _____	Transportation: _____
Other: _____		

What are all sources and annual amounts of funds used to meet this person's annual expenses? _____

Has anyone tried to identify and quantify this person's future needs? Yes No

STEP	APPOINTMENTS—PEOPLE TO ASSIST
5	One of the most important aspects of any special needs plan is the appointment of people to assist the person with special needs, his / her family, and you. These helpers are called by different names depending on the type of plan you elect to implement. The initial trustee of a Special Needs Trust may not always be able to serve the full term of the trust; so a successor must be named to ensure that (1) wishes regarding the beneficiary's care are followed, (2) trust distributions do not unintentionally render the beneficiary ineligible for benefits, (3) care providers are supervised adequately, and (4) the assets in the Special Needs Trust are managed carefully and with integrity.

Name(s) of Initial Trustee(s): _____

Who will manage the Trust as Successor Trustee if the initial trustee(s) is(are) unable to do so?

	Name, address, and various telephones
First Successor	
Second Successor	
Third Successor (may be more)	

Trust Protectors—

If none of the named Trustees are able to perform their functions, who would you name to be able to appoint someone else (other than the person you are about to name) to perform those functions, instead of leaving that process up to the courts?

	Name, address, and various telephones
First Choice	
Second Choice (may be more)	

STEP	APPOINTMENTS—PEOPLE TO ASSIST
5	(CONTINUATION #1)

Advisory Panel and/or Care Manager/Advocate

If the Successor Trustees do not have the expertise to evaluate the beneficiary’s health or the adequacy of care providers, consider nominating an Advisory Panel **AND/OR** a Care Manager/Advocate.

The members of an Advisory Panel can advise the Successor Trustees about the beneficiary’s changing needs. Family members often do an excellent job serving on an Advisory Panel.

Would you like to name an Advisory Panel? Yes No

If so, who would you like to serve on an Advisory Panel?

	Name, address, and various telephones
Advisory Panel Member	
Advisory Panel Member	
Advisory Panel member	
Advisory Panel Member	
Advisory Panel Member (may be more)	

In addition or in the alternative, would you like to authorize the Successor Trustees to hire an Advocate or Care Manager? Yes No

If so, and if you have any particular person(s) in mind, list each such Care Manager here.

	Name, address, and various telephones
Care Manager First Choice	
Care Manager Second Choice (may be more)	

STEP	SPECIAL INSTRUCTIONS
6	

CHANGE IN CIRCUMSTANCES. The beneficiary’s inheritance will remain in the Special Needs Trust for his / her entire life unless you provide for circumstances under which a full or partial distribution may be made. If the beneficiary is employed and self-supporting for a certain period of time (for example, 24 months out of the last 28 months), you have choice to permit the Trustees to distribute all or some of the trust assets. What circumstances, if any, would you like to trigger a distribution?

RESIDENTIAL PREFERENCES. What instructions would you like to provide regarding the beneficiary’s residence? Are certain options unacceptable (such as a public facility)? Would you prefer for the beneficiary to be a home owner someday? Would you like a caregiver to live in the home with the beneficiary?

SOCIAL OPPORTUNITIES. What opportunities would you like to provide the beneficiary?

FUNERAL / CEMETERY. Does the person with special needs own a cemetery lot, or has this person prepaid any funeral or burial expense? Yes No

Please explain. _____

OTHER INSTRUCTIONS (or points for discussion).

STEP	SPECIAL INSTRUCTIONS
6	(CONTINUATION #1)

DISTRIBUTION OF ANY REMAINDER IN THE SPECIAL NEEDS TRUST. When the trust terminates, who will receive the remaining funds? Please provide specific legal names and answer the questions below.

<input type="checkbox"/>	To the beneficiary's descendants; but if there is no descendant, then to the beneficiary's siblings or their descendants.
<input type="checkbox"/>	To the beneficiary's siblings or their descendants; but if none, then to remote contingent beneficiaries.
<input type="checkbox"/>	To the following named individuals: _____ _____ _____
<input type="checkbox"/>	To charity(s) _____

- | | | |
|--|------------------------------|-----------------------------|
| Are any of these people under age 18? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are all of these people in good health? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are any of these people blind or disabled? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are any of these people receiving SSI or other forms of government benefits? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do any of these people have problems with alcoholism or drug addiction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do any of these people have trouble managing their money? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If none of these people are alive at the time to receive the remainder of the trust, where would you want the funds to go? _____

Do you wish to allow the special needs person to decide what happens to the remainder of the trust upon his/her death? Yes No

STEP	ASSETS OF THE PERSON WITH SPECIAL NEEDS
7	(not the person who is setting up the Trust)

ASSETS	OWNED INDIVIDUALLY (approx. value)	OWNED JOINTLY WITH SOMEONE ELSE (approx. value)	FINANCIAL SOURCE OF ACQUISITION (Gift, Earnings, Inheritance, Personal Injury Lawsuit, etc.)
Residence			
Other Real Estate			
Checking Accounts			
Savings Accounts			
Money Market Accounts			
Certificates Of Deposit			
Mutual Funds			
Stocks			
Bonds			
Retirement Accounts [IRA, 401(k), etc.]			
Cash Values – Life Insurance			
Annuities			
Closely Held Businesses			
Nursing Home Deposit			
Personal Household Goods			
Automobiles			
Boats, Canoes & Trailers			
Assets In Safe Deposit Box			
Other			
TOTALS			

STEP	FUNDING FOR THE SPECIAL NEEDS TRUST
8	

How and when will the Special Needs Trust be funded? _____

If a gift or inheritance is the source of funds, please answer the following:

Name(s) of the person(s) making gift or leaving inheritance: _____

Each such person's SSN _____ and Date of Death (if deceased) _____

LIFE INSURANCE THAT MIGHT BE USED TO FUND THE SPECIAL NEEDS TRUST – PLEASE LIST INDIVIDUALLY.

It is very important to know the cash value and the death benefit of each life insurance policy. To obtain the cash value and death benefit of the policy, as well as to verify Primary and Contingent Beneficiaries, you may need to call your insurance agent or call the insurance company directly.

Insert immediately after this page your own additional pages, if needed, showing the following information for each asset in this category. **Include all “credit life” benefits which pay off any credit cards or debts, as well as all “freebie” benefits connected with employment, membership in an organization or having opened some sort of account.**

For Type of policy, use “T” for term insurance and “CV” for insurance policies having cash value features (*e.g.*, whole life, variable life, universal life, *etc.*)

Provide a copy of each policy, including the policy application form showing initial beneficiary designations, plus all later beneficiary changes. Also, provide a copy of the most recent statement of values.

<ol style="list-style-type: none"> 1. Issuing company: _____ 2. Policy #: _____ 3. Agent's name/phone: _____ 4. Type: _____ 5. Net cash value, if any: _____ 6. Ownership: _____ 7. Insured: _____ 8. Primary beneficiary(s): _____ 9. Contingent beneficiary(s): _____ 10. Value (net death benefit): _____
--

Congratulations on completing this Questionnaire!

YOU ARE NOW ONE STEP CLOSER TO PROTECTING YOUR LOVED ONE WITH SPECIAL NEEDS.

Please sign and date before returning to Cox Law Group.

Thank You!

I/We have provided the information requested in this Questionnaire to **LINDA T. COX, ESQUIRE** and **COX LAW GROUP**, with the understanding that it will be used in designing, implementing and funding my/our special needs plan. The information is true and correct to the best of my/our knowledge, and I/we expressly direct **ATTORNEY COX** and **COX LAW GROUP** to rely upon it in the performance of his services. I/We will not hold **LINDA T. COX, ESQUIRE** or **COX LAW GROUP** liable for any omissions or errors I/we have made in completing this Questionnaire. If my/our financial situation changes or I/we discover any error or omission, it will be my/our duty to notify **LINDA T. COX, ESQUIRE** or **COX LAW GROUP** of that fact.

Signature (First Contact)

Date _____

Signature (Second Contact)

Date _____

Cox Law Group

127 Lubrano Drive, Suite 201
Annapolis, Md. 21401

“Planning for Your Peace of Mind”

PASSING ON YOUR PASSWORDS (Extra tips at no extra charge!)

Here are several tips on how to handle your computer files to make your survivors' job easier:

MAKE A LIST: Keep a comprehensive list of password-protected files and accounts that are on your home computer, including e-mail and personal finance files. Give the list, along with user names and passwords, to a relative or put the list in a safe-deposit box. Be sure to update the list when passwords change or new accounts are added.

BACK IT UP: Make a frequent backup of your important computer files on a disk and keep that with your papers in case your survivors cannot access the files on your hard drive. Unless specifically instructed to do so, your executor may not go through your computer files for several days or weeks after your death.

PRINT IT OUT: Even if you use electronic bill paying and online banking, print out monthly or quarterly statements and keep them with your personal papers. If your executor or lawyer needs to get a password from your bank, it helps to have paper records of your account information at hand.

KEEP IT SEPARATE: If you keep work-related documents on your home computer, protect them with a password that is different from the one for your personal files. Information on how to gain access to work files should be left with your employer's computer department.

BE SPECIFIC: If valuable documents are saved on your hard drive, leave instructions on who should get them if someone else is to receive the computer or if the machine might be donated.

DELETE IT: Always assume that someone will be going through your computer files after your death. If you don't want certain information known, make sure it's deleted. Since deleted files can be recovered, you may want to consider buying and using a special “scrubbing” program.