

Kile Law Firm, P.C.
8727 E. Via de Commercio
Scottsdale, AZ 85258
Phone: 480-348-1590
Fax: 1-866-404-5085
Email: Info@kilelawfirm.com

We look forward to working with you on your Special Needs Planning. Please be sure to bring this document with you or email it to us before your meeting. We anticipate you will have questions and will not fill in all of the blanks—that is fine! We will review it together at your initial consultation. The information you provide in this section provides us with important objective information about the person with a disability, their age, marital status, where they live, and how best to communicate with the main contact person. This section will ensure names are spelled correctly in the documents.

CLIENT INFORMATION SUMMARY
Special Needs Planning

SIMPLE BACKGROUND INFORMATION

Main Contact Person(s)

Name: _____ Date: _____

Home Address: _____

Relationship to Person with Special Needs: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____

It is okay to communicate with me via my E-mail address

Second Contact Person

Name: _____ Date: _____

Home Address: _____

Relationship to Person with Special Needs: _____

Home Telephone: _____ Cell Phone: _____

E-mail Address: _____

It is okay to communicate with me via my E-mail address

PERSONAL DATA OF PERSON WITH A DISABILITY

Full Legal Name: _____

Also Known As: _____

Birth Date: _____

Social Security Number: _____

U.S. Citizen? Yes No

Veteran? Yes No

Is the person married? Yes No Date of marriage: _____

Home Address: _____

Mailing Address (if different): _____

Telephone Numbers (if appropriate): _____

Does the disabled person have a living parent or grandparent? Yes No (If yes, list name(s) below)

Whom: _____

Address: _____

Telephone Numbers: _____

Whom: _____

Address: _____

Telephone Numbers: _____

Whom: _____

Address: _____

Telephone Numbers: _____

If not, please provide names of siblings, spouse and children of disabled person.

Is there a legal guardian or conservator of the person with disabilities been appointed by a court? (If yes, list name(s) below)

Whom: _____

Address: _____

Telephone Numbers: _____

Whom: _____

Address: _____

Telephone Numbers: _____

MEDICAL DATA

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 distribution that are most likely to improve the person's quality of life.

Name of Disability: _____

Please describe the disability, including what the person is able to do and unable to do. Please explain both the mental and physical condition.

Are there any specific activities the person enjoys, that enhance his or her quality of life, or that help improve his or her condition?

Can the person work? Please explain. _____

Can the person drive? If not, what transportation needs are there? _____

Can the person live independently? If not, please describe where they are living and projected duration of this arrangement.

GOVERNMENTAL ASSISTANCE

Is the person receiving SSI? Yes No If Yes, how much per month: \$ _____

SSA Identification number: _____

Office Address for the SSA office that oversees your benefits:

Is the person receiving SS Disability Benefits? Yes No If Yes, how much per month: \$ _____

Who is the representative payee for social security benefits?

Is the person receiving ALTCS benefits (pays for a care giver/group home/assisted living etc.?)

If receiving DDD benefits, please provide the DDD or AHCCCS Id number: _____

If the person is not receiving Medicaid (“ALTCS”), how are their medical expenses being met?

What other government benefits are being received (ie food stamps, HUD housing, Medicare)?

APPOINTMENTS—PEOPLE TO ASSIST YOU

One of the most important aspects of any estate plan is the “appointment” of various persons to assist you, your family, and the person with a disability in times of need. These appointed “helpers” are called by different names depending on the type of estate plan you elect to implement. Although the parent is often the initial trustee of a Special Needs Trust, your successor will stand in for you to ensure that (1) your 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.

SUCCESSORS TO YOU

Who will manage the Special Needs Trust if you are unable to do so?

	Client Responses (include name, address, and tel.)
Successor Trustee <i>First Choice</i>	
Successor Trustee <i>Second Choice</i>	
Successor Trustee <i>Third Choice</i>	

SPECIAL INSTRUCTIONS

RESIDENTIAL INSTRUCTIONS. What instructions would you like to provide regarding your 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 your beneficiary?

DISTRIBUTION OF ANY REMAINDER IN THE SPECIAL NEEDS TRUST. When the trust terminates, who will receive the funds? Please check the box(es) that apply below, provide specific legal names of family members, and answer the questions below.

To the following named individuals: _____

All to the child's descendants; if there are no descendants then equally between the child's siblings, and if a sibling does not survive, the deceased sibling's descendants takes the share of the deceased sibling.

Equally between the child's siblings, or their descendants, then remote contingent beneficiaries.

All to child's descendants, then _____

Are any of these people minors (under age 18)? Yes No

Are all of these people in good health? Yes No

Are any of these people blind or disabled? Yes No

Are any of these people receiving SSI or other forms of government entitlement? Yes No

Do any of these people have problems with alcoholism or drug addiction? Yes No

Do any of these people have trouble managing their money? Yes No

FUNERAL/CEMETARY

Does the person own a cemetery lot or has the person prepaid any funeral or burial expense? Please explain.

Please let us know how you heard about us: _____

Please return this questionnaire along with copies of the eligibility award letters for any and all benefits being received. For example, AHCCCS, DDD, ALTCS, SSI, SSDI, SNAP etc.