

Intake Form for Special Needs Trusts

The information contained in the following questionnaire is essential so that we may properly plan for you. Please complete the form to the best of your ability. All of the information which you provide will remain a part of your client file and is confidential.

Name of Individual completing this form: _____

Relationship to Person with Disability: _____

Who referred you to our firm? _____

To which attorney, if any, were you specifically referred?

Edwin Boyer___ Andrew Boyer___ Nick Chipurnoi___ Neil Lyons___

Name of Person with Disability: _____

Currently living: In own home _____(own or rent?)

With parent or other family member home___

Friend's home___

Group Home_____

Assisted Living Facility___

Nursing Home _____

Home Address: _____

City: _____ County: _____

State: _____ Zip _____

Telephone: _____

Place of Birth: _____

Date of Birth: _____ Social Security No.: _____

U.S. Citizen _____ Resident Alien _____ Non- Resident _____

If residing in a group home or long term care facility, date of Admission: _____

Contact Person: _____ Phone: _____

Occupation (if any): _____

Nature of the disability: _____

When was the onset of the disability: _____ at birth _____ before age 22 _____ after age 22

Is the disability the result of an accident or injury which resulted in a civil lawsuit? _____

If so, has that lawsuit been resolved? _____

If so, what was the net amount of settlement or terms of payment: _____

Name of Personal Injury Attorney: _____ Telephone #: _____

Please provide a brief description of the degree to which the disability affects every day living, and if applicable, identify the primary care givers:

Has the person with the disability filed for any public benefits or currently receiving benefits from any of the following programs?

Medicaid _____ Medicare _____ SSD* _____ SSI** _____ Section 8 Housing _____

If disability has been established by the Social Security Administration? If so, was the application made by the client or was there assistance of an attorney?

If the Client is receiving Medicaid assistance, what kind of benefits are being provided (i.e. medications, general medical care, long term care facility payment, etc.)

Does the person with the disability have private health insurance? _____

If so, is it through his or her employment? _____

What is the name of the insurance company? _____

If person with the disability is a minor (under 18 years of age) or is living with a parent or parents:

Name of Mother: _____
Current Address: _____
City: _____ County: _____ State: _____ Zip _____
Telephone: _____ Place of Birth: _____
Date of Birth: _____ Social Security No.: _____
U.S. Citizen _____ Resident Alien _____ Non- Resident _____
Occupation (if any): _____

Name of Father: _____
Current Address: _____
City: _____ County: _____ State: _____ Zip _____
Telephone: _____ Place of Birth: _____
Date of Birth: _____ Social Security No.: _____
U.S. Citizen _____ Resident Alien _____ Non- Resident _____
Occupation (if any): _____

Names and ages of siblings: _____
Do any of the siblings have a disability? _____

If person with the disability is married:

Name of Spouse: _____
Current Address if different : _____
City: _____ County: _____ State: _____ Zip _____
Telephone: _____
Place of Birth: _____
Date of Birth: _____ Social Security No.: _____
U.S. Citizen _____ Resident Alien _____ Non- Resident _____
Occupation (if any): _____
Are there children of this marriage? _____
If so, do any of the children of the marriage have a disability? _____

Income: Please list **gross amount** of monthly income received by the person with the disability for all sources that apply. ****Please bring written documentation of income to our**

meeting** Work Earnings _____ Veterans benefit _____
SS Retirement _____ Annuity _____
SSDI* _____ Interest Income _____
SSI** _____ Other: _____
Private Disability Insurance _____ *Social Security Disability Insurance

General Questions:

1. Has the court appointed a legal guardian for the person with the disability? _____

If so, who is the guardian? _____

When was the guardian appointed? _____

In what city and state was the guardian appointed? _____

2. Are there any extenuating circumstances that we should know about, including difficulties with family relationships, expected inheritances, pending nuptials, child support, etc?

3. Are there any other special needs trusts under which the individual with the disability is currently or will become a beneficiary?

4. Is there any other information that you would like to share that you feel would be relevant to your case?
