

## 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\_\_\_

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**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): \_\_\_\_\_

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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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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? \_\_\_\_\_

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**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? \_\_\_\_\_

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**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?

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

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

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