



## Special Needs Trust Plan

Beneficiary \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

The purpose of this plan is to assist the Trust Manager in making decision regarding expenditures on behalf of the beneficiary. The trust will not provide, arrange or supervise services that it pays for. It will only be responsible for issuing payments. The Primary representative is considered the primary person or entity responsible for arranging and monitoring services.

### **Background Information:**

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### **Describe Residential**

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### **Primary Disability:**

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### **Secondary disabilities**

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**Medical / Dietary Needs:**

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**Medications and Pharmacy:**

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**Hospitalizations:**

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**Current Services and/or Programs:**

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**Strengths:**

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**Limitations:**

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**Is the individual his/her own Guardian? If not, who is the guardian?**

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**Does the individual have a representative payee or conservator? If so, who?**

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**Ability of the Beneficiary to manage money and make decisions about money:**

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**General intent or purpose of the Grantor with regard to how trust funds should be spent:**

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**Supplemental needs that should NOT be provided:**

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**Funeral Arrangements:**

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**Benefit Information:**

SSI \$ \_\_\_\_\_

SSDI \$ \_\_\_\_\_

Annuity \$ \_\_\_\_\_

Veteran's Benefits \$ \_\_\_\_\_

Survivor Benefits \$ \_\_\_\_\_

Employment Income \$ \_\_\_\_\_

**Employer's name, address, phone, contact person:**

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

**Other monetary supports:**

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

**Food Stamps** \_\_\_\_\_

**Section 8 or housing Assistance** \_\_\_\_\_

**Medicaid** \_\_\_\_\_ **Medicaid#** \_\_\_\_\_

**Medicare** \_\_\_\_\_ **Medicare #** \_\_\_\_\_

**Private health insurance** \_\_\_\_\_

**Company Name, Address, Phone Number, Policy Number**

\_\_\_\_\_  
\_\_\_\_\_  
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**Other benefits**

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**Have you purposely decided against applying for benefits for the person on behalf of the beneficiary? If so, please explain why.**

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**Would you recommend sacrificing benefits to enable the Beneficiary to access more trust funds in certain circumstances? Please explain.**

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**Please list regular payments that are currently made on behalf of the Beneficiary. Identify vendor, amount, purpose, address. Indicate which ones will be paid for by the Trust on an on-going basis. Use Additional Pages, if necessary.**

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