



Name of Group Home \_\_\_\_\_

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If it is likely that the disabled person will live in a private facility, list the names of the private facilities in order of preference:

Name of Private Facility \_\_\_\_\_

Name of Private Facility \_\_\_\_\_

Name of Private Facility \_\_\_\_\_

If it is likely that the disabled person will live in a residential facility, list the names of the residential facilities in order of preference:

Name of Residential Facility \_\_\_\_\_

Name of Residential Facility \_\_\_\_\_

Name of Residential Facility \_\_\_\_\_

**B. TRUST FUNDING**

1. Will you be currently funding the Special Needs Trust?  Yes  No

2. Are there grandparents, aunts, uncles, or other family members or friends who might fund the Trust in the future?  Yes  No

If yes:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell No. \_\_\_\_\_

Relationship to Beneficiary \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell No. \_\_\_\_\_

Relationship to Beneficiary \_\_\_\_\_

3. Are any of the assets to fund the Trust assets of the Disabled Person?  Yes  No

If yes, how much? \$ \_\_\_\_\_

4. Will the Trust be the beneficiary of any Will or Trust other than your own?  Yes  No

If yes, please explain \_\_\_\_\_

5. Is the Trust to be a beneficiary of any retirement plan?  Yes  No

If yes, please explain \_\_\_\_\_

6. Is the disabled person a U.S. citizen?  Yes  No

7. If the disabled person is not a U.S. citizen, is he/she a qualified alien?

Yes  No  Don't Know

Please explain status: \_\_\_\_\_

8. Is the disabled person an adult?  Yes  No

If yes, is the disabled person:  Competent  Incompetent

If no, is the disabled person:  A minor expected to be competent at majority  
 A minor expected to be incompetent at majority

9. Is the disabled person the subject of a guardianship?  Yes  No

If yes, please provide the following:



- School tuition, books and supplies \$ \_\_\_\_\_
- Health and life insurance premiums \$ \_\_\_\_\_
- Entertainment (including books, magazines, any vacation travel) \$ \_\_\_\_\_
- Handicap van \$ \_\_\_\_\_
- Household goods \$ \_\_\_\_\_
- Non-refundable airline ticket \$ \_\_\_\_\_
- Stereo system \$ \_\_\_\_\_
- Television set \$ \_\_\_\_\_
- Medical insurance \$ \_\_\_\_\_
- Telephone bills \$ \_\_\_\_\_
- Newspaper subscriptions \$ \_\_\_\_\_
- Furniture \$ \_\_\_\_\_
- Services of care manager \$ \_\_\_\_\_
- Tax payments \$ \_\_\_\_\_
- Funeral \$ \_\_\_\_\_
- Legal fees \$ \_\_\_\_\_
- Transfers to third parties \$ \_\_\_\_\_