

Name: _____

Date of Birth: _____

Address: _____

Phone#: _____

Email: _____

Nature of Disability: _____

Estate Plan Documents: _____

_____ POA Health Care

_____ POA Property

_____ POA Advocacy

_____ Will

Representative Payee: _____

Guardian: _____

Special Needs Trust #1: _____

Type: (3rd Party, D4A, D4C): _____

Date: _____

Settlor: _____

Trustee: _____

Assets: _____

Other info: _____

Special Needs Trust #2: _____

Type: (3rd Party, D4A, D4C): _____

Date: _____

Settlor: _____

Trustee: _____

Assets: _____

Other info: _____

Benefits Worksheet

<i>Needs Based Benefits</i>					
		Yes	No	Future	Amount
Financial					
	SSI				
	HUD/ Sect 8				
	SNAP				
	Other				
Medical					
	Medicaid				
	In Home Support Services				
	MPPP				
	Prescript Drug Assistance				

<i>Entitlement Based Benefits</i>					
		Yes	No	Future	Amount
Financial					
	SSDI				
	RSDI / DAC				

Medical					
	Medicare				